

# **California Department of Corrections and Rehabilitation**

## **Office of Audits and Compliance**






## **Operational Peer Review**

**California Substance Abuse Treatment  
Facility and State Prison**

**October 19 through October 30, 2009**

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## OFFICE OF AUDITS AND COMPLIANCE

### Substance Abuse Treatment Facility and State Prison at Corcoran

#### EXECUTIVE SUMMARY

The Office of Audits and Compliance (OAC), in conjunction with various teams, conducted an operational peer review of Administration Segregation (Ad Seg) and Due Process, Business Services, Information Security Review, Inmate Appeals, Education, Ad Seg Bed Utilization, Case Records, [REDACTED], Radio Communications, and [REDACTED] at Substance Abuse Treatment Facility, Corcoran (SATF). The operational peer review was performed during the period of October 19 through October 30, 2009. The purpose of the peer review was to determine SATF's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

This executive summary details the significant issues identified in each of the sections of the Operational Peer Review Report. For more information on the areas of interest, please see the Operational Peer Review Report. OAC requested that SATF provide a corrective action plan 30-days from the date of this report.

#### Ad Seg and Due Process

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at SATF, the Facility was found to be in compliance with 52 (84 percent) of the 62 ratable areas.

Areas of concern were found in the following areas:

- **The Inmate Segregation Profile (CDC 114-A1) is Updated Every 90 Days.** The review revealed that in a random sample of 28 CDC 114-A1s reviewed, 12 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 16 ratable CDC 114-A1s reviewed, 11 (69 percent) were updated. The 5 remaining records were not updated as required.
- **Written Notice.** Of the 30 records reviewed, 17 (57 percent) contained a clearly stated date and reason(s) for placement on the Administrative Segregation Unit Placement Notice (CDC 114-D). The 13 remaining records contained an unclear placement date on a reissued CDC 114-D. Rather than documenting the date the new CDC 114-D was issued, the original placement date was utilized, making it difficult to establish time frames for the administrative review, Institution Classification Committee (ICC) hearings, etc.
- **Witnesses Documented on the CDC 114-D.** Of the 30 records reviewed, 26 (87 percent) contained documentation regarding the need for witnesses. The 4 remaining records left this section blank.

- **Inmate Waiver.** Of the 30 records reviewed, 16 (53 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 14 remaining records documented the inmate had waived the 72-hour preparation time absent a signature by the inmate.
- **Witnesses Documented on the Chrono Classification (Regular) (CDC 128-G).** Of the 30 records reviewed, 26 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 4 ratable records, 2 (50 percent) documented the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining CDC 128-Gs did not contain this information.
- **Staff Assistant (SA)/Investigative Employee (IE) Documented on the CDC 128-G.** Of the 30 records reviewed, 28 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 2 ratable records, 1 (50 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 1 remaining CDC 128-G did not contain this information.
- **Training.** The review revealed that 39 custody staff members have been assigned to the Ad Seg units for one year or more. These 39 staff members are each required to take 11 specialized training classes. Of the 429 required classes, 330 (77 percent) have been completed.
- **Post Order—Firearms.** The review revealed that there are six identified gun posts (Control) that require use of force policies be addressed as part of the post orders. Of the six post orders for armed posts, four (67 percent) directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.
- **Post Order—Employee Signature.** The review revealed that there are 61 custody staff assigned to the 40 Ad Seg unit posts. Of the required 79 signatures, 57 (72 percent) were present acknowledging the understanding of the post orders.
- **Post Order—Supervisor.** The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

## **Business Services**

### **Administration**

#### **Nepotism**

There is a husband and wife working in the Accounting Office, a father and son working in the Canteen and a husband and wife working in Clothing who report to the same supervisor.

**Impact:** This condition could adversely affect or influence fair and impartial supervision and evaluation of employees.

#### **Sentence Reducing Credits**

During the review of the Inmate Work Supervisor's Time Log (CDCR 1697), the Audits Branch noted that an inmate worked a total of 15.5 hours within the last 19.5 months and may be receiving sentence reducing credits which he is not entitled to receive because he does not work the minimum required hours per day.

**Impact:** This condition could result in inmates receiving a sentence reduction based on ineligible working days.

### **Health and Safety**

#### **Injury Illness Prevention Plan (IIPP)**

Communicating work place hazards are not performed in accordance with SATF's IIPP. For example, staff are not supplied with access to hazard information pertinent to work assignments and Codes of Safe Practices. Also, Hazard Evaluations are not maintained at the Maintenance Warehouse, the Electronic Technicians, Electricians, Paint, and Carpenter shops.

**Impact:** This condition could result in employees not performing their duties and responsibilities in a safe manner.

### **Internal Control**

#### **Procurement**

One person certifies that goods are essential and funds are available, and this person also approves the Interoffice Requisition-Local (CDCR 954), (i.e. Medical). Exacerbating this issue is that it is difficult to determine whether the person certifying and approving is at an appropriate level.

**Impact:** This condition could result in late detection of errors, irregularities, theft, and misappropriation.

A change to a Purchasing Authority Purchase Order (Std. 65) resulted in an increase of \$8,263 but was not properly authorized.

**Impact:** This condition could result in management not being aware of changes to previously approved purchase orders.

## **Personnel Transactions**

There are deficiencies related to the five hiring files reviewed. For example, there is no clear scoring method used, organization charts are not signed and attached, suggested responses are not available, and negative reference checks are not documented.

**Impact:** This condition could result in difficulty defending complaints and determining why a hire was made.

The California Leave Accounting System (CLAS) does not reflect accurate time. For example, when an employee does not have sufficient leave balances and is docked, the dock is not recorded into the CLAS. This occurred in seven of the ten Payroll Units tested for the August 2009 pay period. In addition, one unit has not established accounts receivables for docks.

**Impact:** This condition results in late detection of inappropriate use of leave and inaccurate attendance records.

The Personnel Office has not established Accounts Receivables for employees (i.e., custody staff) who have not submitted their Employee Attendance Records, CDC 998-A forms, for August 2009.

**Impact:** This condition could result in the loss of State funds, a financial hardship on employees, manipulation of time, unauthorized use of time, difficulty detecting errors, and/or irregularities, and additional workload.

Lump Sum payments are not issued within 72 hours of notification of the separation. Of the 19 lump sum payments reviewed, 8 were not issued within 72 hours.

**Impact:** This condition could result in severe penalties, prosecution, and the Institution can be held liable for treble damages.

## **Plant Operations**

Testing and maintenance of the emergency generators is not documented in accordance with Institutions Maintenance Unit and San Joaquin Valley Air Pollution Control District. For example, annual load bank tests are not completed and logs do not reconcile to Standard Automated Prevention Maintenance System. The last documented load bank tests were in May and June 2008.

**Impact:** This condition may result in difficulty proving that emergency generators are tested timely, and the lack of systematic maintenance may result in failures if there is an emergency.

The Plant Operations Maintenance Report is not used as a tool to monitor, evaluate and correct deficiencies. For example, based on the report, trades staff does not meet minimum hours for pay, priorities are not established, and emergency work orders are not always completed.

**Impact:** This condition could result in inaccurate reports provided to management.

## **Inmate Trust Accounting**

There are four deficiencies related to Group Accounts. For example, they are outdated, missing signatures, do not specify use of money or authorization for withdrawal, and are missing source documents.

**Impact:** This condition could result in late detection of irregularities.

The process for tracking when inmates receive items, such as eyeglasses and the resulting charge to their trust account is inadequate. For example, two of the three inmates tested did not have funds deducted from their trust account for several months because accounting was not made aware that the inmates received the eyeglasses.

**Impact:** This condition could result in loss of funds to the State.

## **Procurement**

There are deficiencies related to purchase delegations. For example, Disabled Veterans Business Enterprise/Small Business are not verified in some cases, there is insufficient number of bids, and Purchase Orders do not include the fair and reasonable pricing justification.

**Impact:** This condition could result in loss of delegation.

There are deficiencies related to Service and Expense Orders (S&E). For example, some S&Es do not have approval dates, the rate of pay is not included in the scope of services, the number of attachments do not reconcile with the S&E, two of the five S&Es tested do not have the tax identification (ID) number, one S&E was approved for more than the quote, and the S&E log is incorrect.

**Impact:** This condition could result in difficulty disputing claims by vendors and commencing services prior to approval.

## **Materials Management**

The Monthly Travel Logs (Std. 273) are not completed appropriately. For example, all required fields are not completed. Additionally, the Std. 273s are not submitted by staff operating State owned vehicles on and off grounds to the garage.

**Impact:** This condition may result in difficulty reporting accurate vehicle mileage usage and late detection of irregularities.

## **Training**

There are six employees working in the Personnel Office who have not attended the State Controller's Office training.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

Of the 12 Trust Office staff members reviewed, 6 have not received adequate training.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

Confined Space Awareness Training has not been conducted for 93 percent of rank and file, and 100 percent of the supervisors working within the Plant Operations Department during the last year.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

Plumbers, Stationary Engineers, and Carpenters are not adequately trained for half mask, full mask, and N95 respirators.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

General and On-the-Job Training are not always attended and documented. For example, 78 percent of rank and file and 80 percent of supervisors have not attended Tool and Key Control, 82 percent and 60 percent respectively have not attended Hazardous Materials training, and only one percent has attended the Inmate Work Training Incentive Program training. It should be noted that Tool and Key Control training was held on October 21, 2009, for Plant Operations.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

### **Information Security Review**

#### **Staff Computing Environment:**

- Anti virus updates are not current.
- Security patches are not current.

#### **Inmate Computing Environment:**

- Anti virus updates are not current.
- Operating system access is not restricted.

**Inmate Appeals** – The audit resulted in an overall score of 95 percent.

**Education** – The audit resulted in an overall score of 90 percent.

### **Ad Seg Bed Utilization**

**Incident Report Processing** - Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the Institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the



subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to ISU Receipt of Incident Report: Date from incident occurrence to the date ISU received the Incident Report ranged from 2 day to 155 days. The expectation is the complete package will be presented to ISU within 21 calendar days.

ISU Receipt of Incident Report to Referral to DA/ISU Screenout: Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 1 day to 141 days. The expectation is the time should not exceed 5 working days.

DA Referral to Resolution: Date from DA referral to either rejection or acceptance of the case ranged from 0 days to 321 days. (This is one area that the Institution has no definitive control over; however, it is suggested that the Institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).

## **Case Records**

### **Holds, Warrants and Detainers (HWD):**

#### **General Findings**

In the HWD portion of the audit, 19 components were reviewed. There were 4 areas listed below that need to be brought into compliance with the current policies and procedures.

- Holds are not being dropped or entered in the KCHD system pursuant to Departmental Policy.
- Warrant information is not accurately reflected in Automated Release Date Tracking System (ARDTS) and Offender Based Information System (OBIS).
- Training is not provided to appropriate staff to ensure the CDC Form 850 Detainer Summary is being properly filled out to include, but not limited to, the date of initiation, date and time of hold placed, as well as the Evaluator Section completed.
- The time server tracking system is not being monitored to ensure that the time server warrants that have expired are removed from the computerized system in the appropriate time frames.

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## **Radio Communications**

Overall SATF's Radio Communications was compliant.

[REDACTED]

[REDACTED]

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION  
AND  
DUE PROCESS

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND  
STATE PRISON

OCTOBER 19 THROUGH OCTOBER 30, 2009



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

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## **Review of Administrative Segregation and Due Process**

### **California Substance Abuse Treatment Facility and State Prison at Corcoran**

#### **INTRODUCTION**

This review of administrative segregation (Ad Seg) operations and due process provisions at the California Substance Abuse Treatment Facility and State Prison at Corcoran (SATF) was conducted by the Adult Compliance/Peer Review Branch (ACPRB), Office of Audits and Compliance, between the dates of October 19-22, 2009. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation's (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Nancy Fitzpatrick, Compliance/Peer Review Coordinator; Chela Ruiz, Correctional Lieutenant; Rick Grenert, Correctional Lieutenant; and Gary Turner, Correctional Lieutenant, of the ACPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the ACPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

## **Review of Administrative Segregation and Due Process**

### **California Substance Abuse Treatment Facility and State Prison at Corcoran**

#### **REVIEW SCOPE AND METHODOLOGY**

The ACPRB conducted an on-site review at SATF during the period of October 19-22, 2009. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of SATF's compliance by ACPRB.

The scope and methodology of this review was based upon written review procedures developed by the ACPRB and provided to SATF's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the units, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.



## Review of Administrative Segregation and Due Process

### California Substance Abuse Treatment Facility and State Prison at Corcoran

#### COMPLIANCE RATING BY SUBJECT AREA

SECTION REVIEWED	NO. OF ITEMS REVIEWED	NO. OF ITEMS NOT RATABLE	NO. OF ITEMS IN NON-COMPLIANCE	NO. OF ITEMS IN COMPLIANCE	SECTION SCORE
Conditions of Segregated Housing	30	0	1	29	97%
Due Process	22	0	5	17	77%
Administration	10	0	4	6	60%

## **Review of Administrative Segregation and Due Process**

### **California Substance Abuse Treatment Facility and State Prison at Corcoran**

#### **EXECUTIVE SUMMARY**

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at SATF, the Facility was found to be in compliance with 52 (84 percent) of the 62 ratable areas. No areas were found to be not ratable during this review.

Areas of concern were found in the following areas:

- **The Inmate Segregation Profile (CDC 114-A1) is Updated Every 90 Days.** The review revealed that in a random sample of 28 CDC 114-A1s reviewed, 12 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 16 ratable CDC 114-A1s reviewed, 11 (69 percent) were updated. The 5 remaining records were not updated as required.
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- **Post Order—Employee Signature.** The review revealed that there are 61 custody staff assigned to the 40 Ad Seg unit posts. Of the required 79 signatures, 57 (72 percent) were present acknowledging the understanding of the post orders.
- **Post Order—Supervisor.** The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

A complete description of these finding areas may be found in the narrative section of this report.

## Review of Administrative Segregation and Due Process

### California Substance Abuse Treatment Facility and State Prison at Corcoran

#### SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under Toussaint v. Gomez are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
<b>Compliance (C):</b>	The requirement is being met.
<b>Partial Compliance (P/C):</b>	The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
<b>Noncompliance (N/C):</b>	The institution is clearly not meeting the requirement.
<b>Not Applicable (N/A):</b>	Responsibility for compliance in this area is not within the authority of this institution.
<b>Not Ratable (N/R):</b>	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

## Review of Administrative Segregation and Due Process

### California Substance Abuse Treatment Facility and State Prison at Corcoran

#### SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 10/06	REVIEW FINDING 10/09	PAGE NO.
<b>I. CONDITIONS OF SEGREGATED HOUSING</b>			
1. Living Conditions.	C	C	1
a. Housekeeping and Maintenance.	C	C	2
b. Vector Control.	C	C	2
2. Restrictions.	C	C	3
3. Clothing.	C	C	3
4. Meals.	C	C	4
5. Mail.	C	C	4
6. Visits.	C	C	5
7. Personal Cleanliness.			
a. Showering.	C	C	5
b. Haircuts.	C	C	6
c. Laundry Items.	C	C	6
8. Exercise.	P/C	C	6
9. Reading Material.	C	C	7
10. Rule Changes.	C	C	7

REVIEW STANDARD	REVIEW FINDING 10/06	REVIEW FINDING 10/09	PAGE NO.
11. Telephones.	C	C	8
12. Institution Programs and Services.	C	C	9
13. Visitation and Inspection.	C	C	9
a. Medical Attention.	C	C	10
14. Management Cells.			
a. Placement.	N/R	C	10
b. Reporting.	N/R	C	11
c. Transfer.	N/R	C	11
15. Access to the Courts.	C	C	12
16. Isolation Log Book.	C	C	12
17. Isolation/Segregation Record.			
a. All significant information documented.	C	C	13
b. The CDC 114-A1 notes yard group designation.	C	C	13
c. The CDC 114-A1 notes special information.	C	C	14
d. The CDC 114-A1 is updated every 90 days.	C	P/C	14
18. Safety.			
a. Fire Safety.	C	C	15
b. Quarterly Fire Drills.	C	C	15
c. Documentation.	C	C	16

<b>REVIEW STANDARD</b>	<b>REVIEW FINDING 10/06</b>	<b>REVIEW FINDING 10/09</b>	<b>PAGE NO.</b>
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<b>II. DUE PROCESS</b>			
1. Authority.	P/C	<b>C</b>	17
2. Written Notice.	C	<b>P/C</b>	17
3. Receipt of Order for Placement/ Retention.	C	<b>C</b>	18
4. Confidential Material.	P/C	<b>C</b>	18
5. Administrative Review.	P/C	<b>C</b>	19
a. Staff Assistance.	C	<b>C</b>	19
b. Witnesses.	P/C	<b>P/C</b>	20
c. Inmate Waiver of Time Limitations.	P/C	<b>P/C</b>	20
d. Hearing Time Constraints.	C	<b>C</b>	21
e. Decision.	C	<b>C</b>	21
6. Hearing Within 10 Days.	C	<b>C</b>	22
a. Determinations documented on the CDC 128-G.	C	<b>C</b>	22
b. Hearing Date.	C	<b>C</b>	23
c. Inmate Presence.	C	<b>C</b>	23
d. Hearing Officer.	C	<b>C</b>	24
e. SA/IE on CDC 128-G.	P/C	<b>P/C</b>	24
f. Witnesses on CDC 128-G.	N/C	<b>P/C</b>	25
g. The CDC 128-G notes yard group designation.	C	<b>C</b>	25

<b>REVIEW STANDARD</b>	<b>REVIEW FINDING 10/06</b>	<b>REVIEW FINDING 10/09</b>	<b>PAGE NO.</b>
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h. Cell Status.	C	<b>C</b>	26
i. Participation.	C	<b>C</b>	26
7. Classification Review.	C	<b>C</b>	27
8. Classification Staff Representative (CSR) Review.	C	<b>C</b>	28

<b>III. ADMINISTRATION</b>			
1. Training.	C	<b>P/C</b>	29
2. ICC.	C	<b>C</b>	29
3. Record of Disciplinary.	C	<b>C</b>	30
4. Post Orders—Firearms.	P/C	<b>P/C</b>	30
5. Post Order—Job-Site.	C	<b>C</b>	31
6. Post Orders—Employee Signature.	P/C	<b>P/C</b>	31
a. Post Orders—Supervisor.	P/C	<b>P/C</b>	32
b. Supervisor Inspection.	C	<b>C</b>	32
c. Post Order-Acknowledgment.	C	<b>C</b>	33
7. Protective Vests.	C	<b>C</b>	33



## COMPARATIVE STATISTICAL SUMMARY CHART

California Substance Abuse Treatment Facility and State Prison at Corcoran

OCTOBER 2006—OCTOBER 2009 REVIEW FINDINGS

<b>RATING</b>	<b>TOTAL 10/06</b>	<b>RATING % 10/06</b>	<b>TOTAL 10/09</b>	<b>RATING % 10/09</b>
<b>COMPLIANCE</b>	56	84%	<b>52</b>	<b>84%</b>
<b>PARTIAL COMPLIANCE</b>	10	15%	<b>10</b>	<b>16%</b>
<b>NONCOMPLIANCE</b>	1	1%	<b>0</b>	
<b>NOT RATABLE</b>	3		<b>0</b>	
<b>TOTAL</b>	70	100%	<b>62</b>	<b>100%</b>

## **Formal Review of Administrative Segregation and Due Process**

### **California Substance Abuse Treatment Facility and State Prison at Corcoran**

#### **SUMMARY OF FACILITIES REVIEWED**

SATF includes 400 Ad Seg unit beds in this Level II, III, IV and Substance Abuse Program Facility. At the time of this review, the Facility was housing 304 Ad Seg inmates.

For the purposes of the review, the ACPRB team toured the Ad Seg units, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

#### **I**

#### **CONDITIONS OF SEGREGATED HOUSING**

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.  
**(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)**

#### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of SATF's Ad Seg units approximate those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.  
**(Reference: CCR, Title 15, Section 3345.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in SATF's Ad Seg units are provided a clean, properly maintained cell that approximates those of general population inmates. Written and telephonic repair requests are generated in the units and submitted to Plant Operations when repairs are needed. General repairs are completed in a timely manner. Emergency work requests and health and safety issues are completed immediately.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.  
**(Authority cited: Toussaint vs. McCarthy. Reference: CCR, Title 15, Section 3345.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SATF's Ad Seg units control vermin and pests by conducting regular inspections of the units. Regular inspections and pesticide applications provide for the control of vermin and pests in the Ad Seg units. In the event of an infestation, the Ad Seg units' Sergeant notify Plant Operations and the situation is responded to immediately.

2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit staff utilize a Chrono General (CDC 128-B) to notice administration of restrictions as required.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmates' clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.  
**(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg units were required to wear clothing that significantly differed from that worn by other inmates in the unit. Inmates were not clothed in a manner intended to degrade or humiliate.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.  
**(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, reviewed unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the units.

Food items are prepared in the main kitchen, in individual trays, and served to the inmate population by unit staff. Food temperatures are being taken and logged and meal sample reports are being utilized.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing units (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to noncontact visits. The review team found the SATF Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)**

- a. Showering and shaving will be permitted at least three times a week.

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that shower facilities exist in the Ad Seg units. Ad Seg inmates are provided the opportunity to shower three times per week. Razors are available during shower periods for shaving.

- b. Haircuts will be provided as needed.

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use in the holding cell.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. These laundry items are exchanged on the same basis as the general population.

- 8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their own recreation yard, the yard periods may substitute for other out of cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the SATF Ad Seg units provide Individual Exercise Units. The exercise schedule allows for outdoor exercise three times per week for a minimum of 10 hours of outdoor exercise.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books on a weekly basis. The books are requested from the unit Officer who distributes the reading material on Third Watch.

10. **Rule Changes.** The Notice of Change to Regulations shall be posted by the rules coordinator or designee and made available to all inmates and staff within five calendar days after receipt of the Notice. Notices shall be:
- Posted on staff and inmate bulletin boards;
  - Posted in inmate housing units, corridors, and other areas easily accessible to inmates;
  - Provided to inmate advisory committees/councils;
  - Provided to inmate law libraries;



- Provided to inmate prison hospitals; and
- Provided to inmate lock-up units.

**(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Ad Seg units post proposed changes or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population. These notices are posted in conspicuous locations throughout the units.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SATF provides Ad Seg inmates telephone usage pursuant to CCR, Title 15, Section 3343 (j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance and recreation.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)

### Findings

#### COMPLIANCE

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SATF provides the Ad Seg inmate population programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request.

13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)

### Findings

#### COMPLIANCE

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the Ad Seg units on all three watches. In addition, management staff are available for interviews prior to ICC hearings and CDC 114-D segregation placement administrative reviews. Medical and psychiatric staff are assigned to the

**units on Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs.**

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)**

### **Findings**

#### **COMPLIANCE**

**The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.**

**The review revealed that unit custody staff notify medical staff in the event of any medical situation or emergency. The general medical treatment line is conducted daily in both units.**

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).  
**(Authority cited: Title 15, Section 3332(f). Referenced: PC, Sections 2601(d), 5054, and 5058 and CCR, Title 15, Section 3343(m).)**

- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.  
**(Authority cited: Title 15, Section 3332(f).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SATF can utilize any Ad Seg cell as a management cell to house unmanageable, uncontrollable, disruptive inmates who persist in disruptive destructive behavior. Placement on management status is by order of the Facility Captain or Administrative Officer of the Day (AOD).

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or Administrative Officer of the Day (AOD), one of whom will review management cell resident status daily.  
**(Authority cited: Title 15, Section 3332(f).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Facility Captain or AOD reviews the inmate's management cell status daily.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.  
**(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a Psychiatric Technician is available in the units seven days per week. This staff member has the ability to assess inmates placed on management cell status and make appropriate referrals as needed.

15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3164(a), (d); DOM, Section 53060.10; and Toussaint v. Gomez.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed SATF's Ad Seg units provide paging and direct access to a law library. Inmates submit written requests for law library services to the unit officer who collects these requests on a daily basis. The Law Library Sergeant screens the requests and schedules the inmates for access. Preferred legal users and inmates with court deadlines receive priority access.

16. **Ad Seg Log.** An Isolation Log Book (CDC 114) will be maintained in each Ad Seg unit, including special purpose segregated units. One CDC 114 may serve two or more special purpose units which are administered and supervised by the same staff members.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114 is maintained within the Ad Seg units. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **Isolation Segregation Record.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on the Isolation Segregation Record (CDC 114-A), and Inmate Segregation Profile (CDC 114-A1).  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)**
  - a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to Ad Seg. Each (100 percent) of the 28 CDC 114-As reviewed was found to contain significant information, in chronological order, relating to the inmate during the course of segregation with the exception of fish kits.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 28 CDC 114-A1s. Of the 28 CDC 114-A1s reviewed, 26 (93 percent) documented the inmate's current yard group designation. The 2 remaining records did not contain this information.

- c. The CDC 114-A1 documents the inmate's special information.

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

Of the 28 randomly selected CDC 114-A1s reviewed, 27 (96 percent) documented the inmate's special information. The 1 remaining record left this section blank.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 28 CDC 114-A1s reviewed, 12 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 16 ratable CDC 114-A1s reviewed, 11 (69 percent) were updated. The 5 remaining records were not updated as required.

18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.  
**(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)**
- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.  
**(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that SATF's Ad Seg units maintain a written policy which specifies the fire prevention regulations and practices.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.  
**(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)**



## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes are conspicuously posted within the units. Documentation was present to support that quarterly simulated emergency fire drills, under varied conditions, are being consistently conducted during all three watches. Each (100 percent) of the 24 required fire drills were present.

- c. At the conclusion of fire drills, the area supervisor shall complete a Fire Drill Report (DS 5003) indicating the necessary information and forward a copy to the Fire Chief.

**(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that when quarterly simulated emergency fire drills are conducted, fire drill reports are being completed and forwarded to the Fire Chief as required.

## II

### DUE PROCESS

Procedural safeguards are essential for effective transfers of prisoners from the general prison population to a maximum security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)**

### Findings

### COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 17 (57 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. The 13 remaining records contained an unclear placement date on a reissued CDC 114-D. Rather than documenting the date the new CDC 114-D was issued, the original placement date was utilized, making it difficult to establish time frames for the administrative review, ICC hearings, etc.

3. **Receipt of CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.  
**(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that indicated the inmate was given a copy of the CDC 114-D within 48 hours of placement.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.  
**(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 28 were not ratable as the reason for placement was not based upon confidential information. Each (100 percent) of the 2 ratable records documented that the Confidential Information Disclosure (CDC 1030) was appropriate and issued within the required time frame.

5. **Administrative Review.** On the first work day following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level:  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units

Of the 30 records reviewed, 28 (93 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 2 remaining records, 1 documented a late Captain's review (2 days late) and 1 record contained an unclear placement date, making the date for a Captain's review indeterminable.

- a. Determine the appropriate assignment of staff assistance.  
**(Reference: CCR, Title 15, Section 3337(a).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 28 (93 percent) contained documentation of a determination for the assignment of a SA/IE. The 2 remaining records left the IE section incomplete.

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an IE will be assigned to the case. A request to call witnesses and the names of witnesses must be submitted in writing by the inmate.  
**(Reference: CCR, Title 15, Section 3337(b).)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 26 (87 percent) contained documentation regarding the need for witnesses. The 4 remaining records left this section blank.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.  
**(Reference: CCR, Title 15, Section 3337(c).)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 16 (53 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 14 remaining records documented the inmate had waived the 72-hour preparation time absent a signature by the inmate.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.  
**(Reference: CCR, Title 15, Section 3337 (d).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that the hearing time frames were appropriate based on the inmate's request.

- e. Decision to retain in Ad Seg or release to unit/facility.  
**(Authority Referenced: Title 15, Section 3339.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that a decision was made to retain or release the inmate based on the administrative review.

6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation of an ICC review within 10 days of an inmate's placement in Ad Seg.

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), (h); and DOM, Sections 52080.27.4 and 62010.9.1.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the ICC hearing was held so recently, a CDC 128-G has not yet been typed. Each (100 percent) of the 29 ratable records contained documentation of the determinations arrived at during ICC on the CDC 128-G.

- b. Was the hearing date recorded on the CDC 128-G?  
(Reference: CCR, Title 15, Section 3375(g)(9); and DOM, Section 62010.9.1.)

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the ICC hearing was held so recently, a CDC 128-G has not yet been typed. Each (100 percent) of the 29 ratable records contained properly documented hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?  
(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)



## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the ICC hearing was held so recently, a CDC 128-G has not yet been typed. Each (100 percent) of the 29 ratable records contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?  
**(Reference: CCR, Title 15, Sections 3375(g)(1)(A-C) and (G-K); and DOM, Section 62010.9.1.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the ICC hearing was held so recently, a CDC 128-G has not yet been typed. Each (100 percent) of the 29 ratable records identified the hearing officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?  
**(Reference: CCR, Title 15, Section 3315(d)(1) and 3318(b); and DOM, Section 62010.9.1.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 28 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 2 ratable records, 1 (50 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 1 remaining CDC 128-G did not contain this information.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?  
**(Reference: CCR, Title 15, Sections 3338(h), (i); and DOM, Section 52080.27.3-.4.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 26 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 4 ratable records, 2 (50 percent) documented the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining CDC 128-Gs did not contain this information.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.  
**(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the ICC hearing was held so recently, a CDC 128-G has not yet been typed. Each (100 percent) of the 29 ratable records contained documentation of the inmate's yard group designation on the CDC 128-G.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).  
**(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as the ICC hearing was held so recently, a CDC 128-G has not yet been typed. Each (100 percent) of the 29 ratable records contained documentation of the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.  
**(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)**

## **Findings**

### **COMPLIANCE**

**The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.**

**Of the 30 records reviewed, 1 was not ratable as the ICC hearing was held so recently, a CDC 128-G has not yet been typed. Each (100 percent) of the 29 ratable records contained documentation of the inmate's participation with ICC on the CDC 128-G.**

7. **Classification Review.** Unless otherwise directed by the CSR, subsequent ICC reviews shall proceed in accordance with the following timelines until the inmate is removed from segregation status:
- 1) At intervals of not more than 90 days until pending Division C, D, E, or F rules violation report is adjudicated. Upon resolution of such matters, an ICC shall review the inmate's case within 14 calendar days. At that time, if no further matters are pending, but continued segregation retention is required pending transfer to a general population, ICC reviews shall be within at least every 90 days until the transfer can be accomplished.
  - 2) At intervals of not more than 180 days until a pending Division A-1, A-2, or B Rules Violation Report (RVR) is adjudicated, a court proceeding resulting from a referral to the District attorney for possible prosecution is resolved, or the gang validation investigation process is complete. Upon resolution of such matters, an ICC shall review the inmate's case within 14 calendar days.
  - 3) At intervals of not more than 90 days until completion of the pending investigation of serious misconduct or criminal activity, excluding gang validation, or pending resolution of safety and security issues, or investigation of non-disciplinary reasons for segregation placement. Should the completed investigation result in the issuance of a RVR and/or a referral to the district attorney for criminal prosecution, an ICC shall review the case in accordance with the schedule set forth in subsections 1), 2), or 3) above. Upon resolution of such matters, an ICC shall review the inmate's case within 14 calendar days. At that time, if no further matters are pending, but continued segregation placement is required pending transfer to a general population, ICC reviews shall be at least every 90 days until transfer can be accomplished.

**(Authority cited: Title 15, Section 3335 (d) (1) (2) (3).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Of the 30 records reviewed, 21 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a follow-up review. Each (100 percent) of the 9 ratable records contained documentation of an ICC review as required.

8. **Classification Staff Representative Review.** Inmate retention in Ad Seg beyond the initial segregation ICC hearing shall be referred for CSR review and approval within 30 days....  
**(Authority cited: CCR, Title 15, Section 3335(e).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SATF's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that indicated the case had been referred to a CSR for review as appropriate.

### III

#### ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.  
**(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)**

#### Findings

#### PARTIAL COMPLIANCE

The ACPRB review team interviewed In-Service Training staff and examined the training records of all Ad Seg staff assigned to the units for one year or more.

The review revealed that 39 custody staff members have been assigned to the Ad Seg units for one year or more. These 39 staff members are each required to take 11 specialized training classes. Of the 429 required classes, 330 (77 percent) have been completed.

2. **Institution Classification Committee.** The ICC shall consist of:
  - Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (Chairperson);
  - Correctional Administrator or Parole Administrator I (alternate Chairperson);
  - Psychiatrist or Physician;
  - Facility Captain;
  - Correctional Captain;
  - CC [Correctional Counselor] III or Parole Agent III, or CC II or Parole Agent II (Recorder);
  - Assignment Lieutenant;
  - Educational or Vocational Program Representative; and
  - Other staff as required.A quorum shall be a minimum of three persons who shall be the Chairperson, Recorder, and any other member.  
**(Authority cited: CCR, Title 15, Section 3376(c)(2). Reference: PC, Sections 5054 and 5058; and DOM, Section 62010.8.2.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files, reviewed CDC 128-Gs, and observed ICC.

The review revealed that the composition of ICC was in compliance with this standard.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.  
**(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution currently maintains a Register of Institutional Violations, which meets the basic requirements of DOM. A tracking system is utilized to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order—Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.  
**(Authority cited: PC, Sections 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are six identified gun posts (Control) that require use of force policies be addressed as part of the post orders. Of the six post orders for armed posts, four (67 percent) directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.

5. **Post Order—Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job site.  
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a current post order is provided at the job site for each (100 percent) of the 40 Ad Seg posts.

6. **Post Order—Employee Signature.** Employees under post orders are required to sign and date the Post Order Acknowledgment Form (CDC 1860), verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.



## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are 61 custody staff assigned to the 40 Ad Seg unit posts. Of the required 79 signatures, 57 (72 percent) were present acknowledging the understanding of the post orders.

- a. **Post Order—Supervisor.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the Ad Seg units inspect the CDC 1860 on a monthly basis.

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. Post order acknowledgment forms shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).  
**(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that SATF utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the order for the post and the supervisor then countersigns this. Each (100 percent) of the 40 post orders reviewed contained the current acknowledgment sheet.

7. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a SHU, Special Management Program, Ad Seg, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:
- In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).
  - Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.

- On the aforementioned unit tiers.  
**(Authority cited: DOM, Section 33020.16.2.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SATF's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that all required staff wear a protective vest while in the Ad Seg units.

## **Review of Administrative Segregation and Due Process**

### **California Substance Abuse Treatment Facility and State Prison at Corcoran**

#### **GLOSSARY**

<b>AB</b>	Administrative Bulletin
<b>ACPRB</b>	Program and Fiscal Reviews Branch
<b>Ad Seg</b>	Administrative Segregation
<b>AOD</b>	Administrative Officer of the Day
<b>CC</b>	Correctional Counselor
<b>CCR</b>	California Code of Regulations
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CDC 114</b>	Isolation Log Book
<b>CDC 114-A</b>	Isolation/Segregation Record
<b>CDC 114-A1</b>	Inmate Segregation Profile
<b>CDC 114-D</b>	Administrative Segregation Unit Placement Notice
<b>CDC 128-G</b>	Chrono Classification (Regular)
<b>CDC 1030</b>	Confidential Information Disclosure
<b>CDC 1860</b>	Post Order Acknowledgment Sheet
<b>CSR</b>	Classification Staff Representative
<b>DOM</b>	Department Operations Manual
<b>DS 5003</b>	Fire Drill Report
<b>IB</b>	Informational Bulletin
<b>ICC</b>	Institution Classification Committee
<b>IE</b>	Investigative Employee
<b>PC</b>	California Penal Code
<b>SA</b>	Staff Assistant
<b>SATF</b>	California Substance Abuse Treatment Facility and State Prison at Corcoran
<b>SHU</b>	Security Housing Unit

# CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

## OFFICE OF AUDITS AND COMPLIANCE

### REPORT OF FINDINGS AND RECOMMENDATIONS

#### BUSINESS SERVICES

## CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

OCTOBER 19 THROUGH NOVEMBER 5, 2009

CONDUCTED BY  
AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
AND STATE PRISON AT CORCORAN**

**INTRODUCTION**

The California Department of Corrections and Rehabilitation (CDCR), Office of Audits and Compliance (OAC), Audits Branch, conducted an audit of Business Services at California Substance Abuse Treatment Facility and State Prison at Corcoran (SATF) as part of the Operational Peer Review. The purpose of the audit was to analyze and evaluate the level of compliance with State and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Classification and Pay;
- Delegated Testing;
- Payroll/Accounting;
- Procurement;
- Materials Management (i.e., Warehousing);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The fieldwork was performed during the period of October 19 through November 5, 2009. The exit conference was held on November 5, 2009.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors, Annette Sierra, Deborah Brannon, Michael Robinson, and Naomi Banks conducted the audit. In addition, Jim Greer, Plant Supervisor, North Kern State Prison; Sharon McKay, Procurement Officer, Tony Chavez, Assistant Food Manager, California Correctional Institution; and Cynthia Vergara, Personnel Services Supervisor I, Calipatria State Prison provided subject matter expertise. Patricia Weatherspoon, Senior Management Auditor provided second line supervision and review. Richard C. Krupp, Assistant Secretary of OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of prior reports, tests of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the audit report.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
AND STATE PRISON AT CORCORAN**

**AUDIT SCOPE**

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of SATF's system of management control and compliance with applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.



## **SYMPTOMS OF CONTROL DEFICIENCIES**

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
AND STATE PRISON AT CORCORAN**

**CORRECTIVE ACTION PLAN**

SATF's corrective action plan (CAP) is due within 30 days of receipt of the preliminary audit report. See Attachment A for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to [Dorothy.Smith@cdcr.ca.gov](mailto:Dorothy.Smith@cdcr.ca.gov) and [Daisy.Sagun@cdcr.ca.gov](mailto:Daisy.Sagun@cdcr.ca.gov). Send the original to Dorothy Smith, OAC, PO Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Dorothy Smith, Correctional Administrator at (916) 255-2717.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
AND STATE PRISON AT CORCORAN**

**EXECUTIVE SUMMARY**

The Audits Branch conducted an audit of the Business Services Operations at SATF as a part of the Operational Peer Review. The audit was conducted during the period of October 19 through November 5, 2009. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Prior to this audit the Audits Branch conducted an audit of SATF from March 20 through April 7, 2006. Unresolved findings are identified in this report as "Prior Finding."

The exit conference was held on November 5, 2009. The Audits Branch requested that SATF provide a CAP within 30 days of receipt of the audit report.

**Areas audited:**

- Personnel Transactions;
- Classification and Pay;
- Delegated Testing;
- Payroll/Accounting;
- Procurement;
- Materials Management (i.e., Maintenance Warehouses and Property);
- Plant Operations;
- Inmate Trust Accounting;
- Non Drug Medical;
- Environmental Health and Safety; and
- Occupational Health and Safety.

Forty-four findings are identified in the audit report, categorized under the following topics:

<b>Category</b>	<b>Number of Findings</b>	<b>Page Number</b>
Administrative Concerns	3	1
Health and Safety	7	3
Internal Control	6	7
Late Detection and Additional Workload	20	10
Policies and Procedures	2	24
Penalties and Fines	1	25
Training	5	26
<b>Total</b>	<b>44</b>	

This executive summary provides the category, a brief description of the finding, criteria, impact, and prior finding, if applicable.

Employee turnover in the area of Business Services from October 2008 through October 2009 is as follows: Personnel 29 percent, Procurement 24 percent, Plant Operations 19 percent, Food Services 17 percent, and Accounting 16 percent.

## **I. ADMINISTRATIVE CONCERNS**

### **A. Nepotism**

There are instances of nepotism based on a review of Organizational Charts. For example, there is a husband and wife working in the Accounting Office, a father and son working in the Canteen and a husband and wife working in Clothing who report to the same supervisor.

**Impact:** This condition could adversely affect or influence fair and impartial supervision and evaluation of employees.

### **B. Duty Statements**

Duty Statements are not always signed and dated by employees and may not reflect current duties (i.e., Accounting and Procurement). Additionally, the Audits Branch noted that in Plant Operations the Stationary Engineers, Maintenance Mechanics and Locksmiths are not adhering to the essential duties and responsibilities stated in the duty statements related to performing preventive maintenance (PM).

**Impact:** This condition could result in employees not being aware of their current duties and responsibilities.

### **C. Sentence Reducing Credits**

During the review of the Inmate Work Supervisor's Time Log (CDCR 1697), the Audits Branch noted that an inmate worked a total of 15.5 hours within the last 19.5 months and may be receiving sentence reducing credits which he is not entitled to receive because he does not work the minimum required hours per day.

**Impact:** This condition could result in inmates receiving a sentence reduction based on ineligible working days.

## **II. HEALTH AND SAFETY**

### **A. Environmental Health and Safety**

There are several deficiencies noted in the areas of Plant Operations and Food Services regarding the Hazard Communication Program (HCP). For example, a perpetual chemical inventory is not consistently maintained, pesticides and

herbicides are not separated, Material Safety Data Sheets (MSDS) are not maintained and updated, and unidentified chemicals are stored without labels.

**Impact:** This condition could result in exposing employees to hazards that may pose a threat to life, health, and safety.

The Hazardous Waste Accumulation site does not have warning signage.

**Impact:** This condition could result in employees accessing a dangerous area where hazardous materials are stored.

## **B. Backflow Devices**

There are several deficiencies related to backflow devices. For example, a master list was not provided, periodic tests and maintenance reports do not reflect whether backflow devices passed or failed tests, retest procedures are incomplete, and date fields are incomplete and/or incorrect.

**Impact:** This condition could result in difficulty identifying all backflow devices and determining whether tests have been performed.

## **C. Injury Illness Prevention Plan (IIPP)**

Communicating work place hazards are not performed in accordance with SATF's IIPP. For example, staff are not supplied with access to hazard information pertinent to work assignments and Codes of Safe Practices. Also, Hazard Evaluations are not maintained at the Maintenance Warehouse, the Electronic Technicians, Electricians, Paint, and Carpenter shops.

**Impact:** This condition could result in employees not performing their duties and responsibilities in a safe manner.

## **D. Safety Meetings**

Safety meetings are not conducted for each maintenance section at least every ten days and written minutes taken.

**Impact:** This condition could result in employees not being aware of safety issues that may be required to ensure a safe and injury free workplace.

## **E. Eye Wash Stations**

The emergency eye wash station located in the Maintenance Warehouse does not have a record or log which indicated that the eye wash station is properly operating.

**Impact:** This condition may result in an increased threat to life, health, and safety.

## **F. Contamination**

The plastic entry curtains, located in the cold food storage in the Support Warehouse, has fungus/mildew growing on them. Additionally, they are cracked and broken.

**Impact:** This condition results in staff coming in contact with fungus and mildew.

### **III. INTERNAL CONTROL**

#### **A. Payroll/Accounting**

The persons receiving and distributing salary warrants are also processing personnel documents (e.g., timekeepers process Employee Attendance Records [CDC 998-A]).

**Impact:** This condition could result in late detection of errors and irregularities, theft, and misappropriation.

#### **B. Inmate Trust Accounting**

The authorized signature memorandum(s) for signing checks is outdated. The previous Accounting Officer (Supervisor) is currently listed as a check signer. Additionally, an authorized signature memorandum has not been created for the 057 account which is used to write checks for travel advances.

**Impact:** This condition could result in late detection of errors and irregularities, theft, and misappropriation.

Parole Release Fund Reconciliation sheets were not available from July 1, 2009 through October 5, 2009.

**Impact:** This condition could result in late detection of errors and irregularities, theft, and misappropriation.

#### **C. Procurement**

Inventory adjustments are not approved by the Business Manager or above, but are approved by the Procurement and Services Officer in the Support Warehouse, and the Correctional Plant Manager in the Maintenance Warehouse. Additionally, the inventory adjustments are not signed for Non-Drug Medical supplies.

**Impact:** This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

One person certifies that goods are essential and funds are available, and this person also approves the Interoffice Requisition-Local (CDCR 954), (i.e. Medical). Exacerbating this issue is that it is difficult to determine whether the person certifying and approving is at an appropriate level.

**Impact:** This condition could result in late detection of errors and irregularities, theft, and misappropriation.

A change to a Purchasing Authority Purchase Order (Std. 65) resulted in an increase of \$8,263 but was not properly authorized.

**Impact:** This condition could result in management not being aware of changes to previously approved purchase orders.

## **IV. LATE DETECTION AND ADDITIONAL WORKLOAD**

### **A. Personnel Transactions**

There are deficiencies related to the five hiring files reviewed. For example, there is no clear scoring method used, organization charts are not signed and attached, suggested responses are not available, and negative reference checks are not documented.

**Impact:** This condition could result in difficulty defending complaints and determining why a hire was made.

The California Leave Accounting System (CLAS) does not reflect accurate time. For example, when an employee does not have sufficient leave balances and is docked, the dock is not recorded into the CLAS. This occurred in seven of the ten Payroll Units tested for the August 2009 pay period. In addition, one unit has not established accounts receivables for docks.

**Impact:** This condition results in late detection of inappropriate use of leave and inaccurate attendance records.

It appears that the Personnel Supervisor processed her own payroll for August 2009.

**Impact:** This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

Supervisors are approving CDC 998-As without the appropriate substantiation for sick leave. For example, Bereavement Leave was used verses Bereavement Leave Fiscal, and the relationship is not always noted on the CDC 998-A.

**Impact:** This condition results in late detection of inappropriate use of leave and creates additional workload for personnel staff (i.e., making adjustments and corrections).

The Personnel Office has not established Accounts Receivables (ARs) for employees (i.e., custody staff) who have not submitted their CDC 998-A forms, for August 2009.

**Impact:** This condition could result in the loss of State funds, a financial hardship on employees, manipulation of time, unauthorized use of time, difficulty detecting errors, and /or irregularities, and additional workload.

### **B. Plant Operations**

The CDCR 1697s are not properly maintained. For example, exceptional time is not consistently noted, assignment hours noted on inmate duty statements do not reconcile to the CDCR 1697, a non-correctable copy is not consistently given to inmates, and initials are used instead of signatures.

**Impact:** This condition could result in late detection of irregularities and errors.

Testing and maintenance of the emergency generators is not documented in accordance with Institutions Maintenance Unit (IMU) and San Joaquin Valley Air Pollution Control District (SJVAPCD). For example, annual load bank tests are not completed and logs do not reconcile to Standard Automated Prevention Maintenance System (SAPMS). The last documented load bank test was in May and June 2008.

**Impact:** This condition may result in difficulty proving that emergency generators are tested timely, and the lack of systematic maintenance may result in failures if there is an emergency.

Trades staff is not preparing Equipment Maintenance Data Summary Sheets when a new piece of equipment is installed (e.g., ovens, steamers, griddles, and coffee makers).

**Impact:** This condition could result in equipment not being tagged and a PM schedule not established.

There are several deficiencies related to PM. For example, 31 percent of PM work orders sampled were placed into deferred and cannot complete categories, asset history reports are not requested or reviewed by supervisors and the PM program is not adhered to in the Main Kitchen.

**Impact:** This condition could decrease equipment efficiency, increase downtime and result in additional cost for repairs.

The procedure, which establishes an orderly and standard method for processing work requests and work orders, is not followed. For example, there are deficiencies related to the SAPMS program, Telephone work order logs, Work Order Coordinators, SAPMS Manager, Supervisors and Weekly Work Order Sheets.

**Impact:** This condition could result in difficulty establishing an orderly and standardized process in accordance with the Facilities Management Division (FMD) 0100 Operational Procedure.

The Plant Operations Maintenance Report (POM) is not used as a tool to monitor, evaluate and correct deficiencies. For example, based on the report, trades staff does not meet minimum hours for pay, priorities are not established, and emergency work orders are not always completed.

**Impact:** This condition could result in inaccurate reports provided to management.

### **C. Inmate Trust Accounting**

There are four deficiencies related to Group Accounts. For example, they are outdated, missing signatures, do not specify use of money or authorization for withdrawal, and are missing source documents.

**Impact:** This condition could result in late detection of irregularities.

The process for tracking when inmates receive appliances, such as eyeglasses and the resulting charge to their trust account is inadequate. For example, two of the three inmates tested did not have funds deducted from their trust account for



several months because accounting was not made aware that the inmates received the eyeglasses.

**Impact:** This condition could result in loss of funds to the State.

#### **D. Procurement**

There are deficiencies related to purchase delegations. For example, Disabled Veterans Business Enterprise (DVBE)/Small Business (SB) are not verified in some cases; there is insufficient number of bids, and Purchase Orders do not include the fair and reasonable pricing justification.

**Impact:** This condition could result in loss of delegation.

There are deficiencies related to Service and Expense Orders (S&E). For example, some S&Es do not have approval dates, the rate of pay is not included in the scope of services, the number of attachments do not reconcile to the S&E, two of the five S&Es tested do not have the tax ID number, one S&E was approved for more than the quote, and the S&E log is incorrect.

**Impact:** This condition could result in difficulties disputing claims by vendors and commencing services prior to approval.

#### **E. Materials Management**

Physical inventory of property is not conducted prior to office moves.

**Impact:** This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

Physical inventory of property has not been conducted since October 2006. The physical inventory of property should have been completed by October 2009. Additionally, after review of the draft memorandum regarding the Physical Inventory of Property, and interviews of staff, it appears that the Property Controllers are being advised that “the performance of a physical inventory is a Property Controllers Function” with no assistance.

**Impact:** This condition may result in late detection of errors, irregularities, theft and/or misappropriation.

The physical inventory does not reconcile to the Property Control System (PCS). For example, of the 16 items tested in Accounting, 5 could not be reconciled. Additionally, in Plant Operations, a breathing apparatus, multiple televisions, and 2 recorders did not reconcile to the PCS/Business Information Systems (BIS). Lastly, the breathing apparatus was removed from the Institution and the Property Controller was not notified. Also, the descriptions for the two recorders are vague.

**Impact:** This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

Four of eight items tested in the Maintenance Warehouse do not reconcile with the data available in State Logistics and Materials Management (SLAMM).

**Impact:** This condition may result in inaccurate reporting in addition to late detection of errors, irregularities, theft, and/or misappropriation.

The Monthly Travel Logs (Std. 273) are not completed appropriately. For example, all required fields are not completed. Additionally, the Std. 273s are not submitted by staff operating state owned vehicles on and off grounds to the garage.

**Impact:** This condition may result in difficulty reporting accurate vehicle mileage usage and late detection of irregularities.

## **V. POLICIES AND PROCEDURES**

Plant Operations does not have an approved written Respiratory Protection Program (RPP).

**Impact:** This condition could result in employees not following safe practices related to respiratory protection.

There is no Operational Procedure for the Pest Control Technician. Additionally, there is no pest control schedule and staff is not notified of pesticide applications.

**Impact:** This condition could result in difficulty administering the pest control program and expose employees to potential harmful chemicals.

## **VI. PENALTIES AND FINES**

### **A. Personnel Transactions**

Lump sum payments are not issued within 72 hours of notification of the separation. Of the 19 lump sum payments reviewed, 8 were not issued within 72 hours.

**Impact:** This condition could result in severe penalties, prosecution, and the Institution can be held liable for treble damages.

## **VII. TRAINING**

### **A. Personnel**

There are six employees working in the Personnel Office who have not attended the State Controllers Office (SCO) training.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

### **B. Inmate Trust Accounting**

Of the 12 Trust Office staff members reviewed, 6 have not received adequate training.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

### **C. Plant Operations**

Confined Space Awareness Training has not been conducted for 93 percent of rank and file, and 100 percent of the supervisors working within the Plant Operations Department during the last year.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

Plumbers, Stationary Engineers, and Carpenters are not adequately trained for half mask, full mask, and N95 respirators.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

General and On-the-Job Training (OJT) are not always attended and documented. For example, 78 percent of rank and file and 80 percent of supervisors have not attended Tool and Key Control, 82 percent and 60 percent respectively have not attended Hazardous Materials training, and only one percent has attended the Inmate Work Training Incentive Program training. It should be noted that Tool and Key Control training was held on October 21, 2009, for Plant Operations.

**Impact:** This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

## **FINDINGS AND RECOMMENDATIONS**

Employee turnover in the area of Business Services from October 2008 through October 2009 is as follows: Personnel 29 percent, Procurement 24 percent, Plant Operations 19 percent, Food Services 17 percent, and Accounting 16 percent.

### **I. ADMINISTRATIVE CONCERNS**

#### **A. Nepotism**

There are instances of nepotism based on a review of Organizational Charts. For example, there is a husband and wife working in the Accounting Office, a father and son working in Canteen, and a husband and wife working in Clothing who report to the same supervisor.

This condition could adversely affect or influence fair and impartial supervision and evaluation of employees.

DOM, Section 33010.25, states in part: "Employees involved in such relationships may work in the same program, section, or unit. However, appointments or assignments shall not be made where the employee would: Work for the same supervisor, have a direct (first line supervisor) or indirect supervisory relationship (second line supervisor), audit the work of, or exercise fiscal control over that person with whom they have a relationship, regardless of organizational separation...work in a program, section or unit within close proximity of each other."

#### **Recommendation**

Review the nepotism policy. Analyze the Organizational Charts to determine whether nepotism exists. Take steps to resolve instances of nepotism, if applicable.

#### **B. Duty Statements**

Duty Statements are not always signed and dated by employees and may not reflect current duties (i.e., Accounting and Procurement). Additionally, the Audits Branch noted that in Plant Operations the Stationary Engineers, Maintenance Mechanics, and Locksmiths are not adhering to the essential duties and responsibilities stated in the duty statements related to performing PM.

This condition could result in employees not being aware of their current duties and responsibilities.

SAM, Section 20050, states in part: "Information must be identified, captured, and communicated in a form and time frame that enable people to carry out their responsibilities."

## **Recommendation**

Update duty statements to include job changes, signatures, dates, and tasks.

### **C. Sentence Reducing Credits**

During the review of the CDCR 1697s, the Audits Branch noted that an inmate worked a total of 15.5 hours within the last 19.5 months and may be receiving sentence reducing credits which he is not entitled to receive because he does not work the minimum required hours per day.

This condition could result in inmates receiving a sentence reduction based on ineligible working days.

CCR, Title 15, Section 3045, Timekeeping and Reporting, states in part: “(a) Inmate timekeeping logs. The attendance of each inmate assigned to a credit qualifying assignment shall be recorded daily on an approved timekeeping log. If the assignment began or ended during the reporting month, the date(s) of such activity shall be recorded on the timekeeping log. Only the symbols designated on the timekeeping log shall be used to document the inmate’s attendance. The symbol(s) and applicable hours for each day shall be recorded in the space corresponding to the calendar day. This log shall be the reference for resolving complaints or appeals and shall be retained at a secure location designated by the facility management for a period of 4 years from the date of completion. (1) Staff shall record the work or training time and absences of each inmate assigned to their supervision each day as they occur. At intervals designated by the institution head, the supervisor shall: (A) Enter the totals, hours worked and ETO (Excused Time Off) hours used in the designated columns of timekeeping log. (B) Sign the log to authenticate the information. (C) Forward the log to the division head for review and approval. (2) Mismanagement or falsification of an inmate timekeeping Log may result in adverse action and/or prosecution. (b) Security of timekeeping logs....”

## **Recommendation**

Comply with the CCR, Title 15, Section 3045 and follow the procedures for attendance timekeeping.

## **II. HEALTH AND SAFETY**

### **A. Environmental Health and Safety**

#### **1. HCP**

There are several deficiencies noted in the areas of Plant Operations and Food Services regarding the HCP. Deficiencies by locations are as follows:

##### **Carpenter Shop:**

- The perpetual chemical inventory is not consistently maintained.

##### **Grounds Shop:**

- Pesticides and herbicides and other chemicals are not separated.
- Porous wooden pallets are used as secondary containment.
- MSDS are not maintained and updated.
- Perpetual chemical inventory is not consistently maintained.

##### **Paint Shop:**

- Muriatic acid is stored above pressurized cans.
- Unidentified chemicals are stored in containers without labels.

##### **Stationary Engineers Shop:**

- Refrigerant recovery cylinders are not tested every five years. The Audits Branch noted that cylinders are seven years past the certification date.
- Refrigerant usage is not maintained in accordance to Environmental Protection Agency (EPA) guidelines.

##### **Central Kitchen:**

- Chemical inventory logs are not maintained.

This condition could result in exposing employees to hazards that may pose a threat to life, health, and safety.

CCR, Title 8, Section 5194, Hazard Communication Program, states in part: "Department heads shall monitor daily compliance with this procedure in the areas of their responsibility . . . Each area supervisor shall ensure that every person required to work with or use hazardous, toxic, volatile substances is appropriately trained".

DOM, Section 52030.2, states: "This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, state and local laws or ordinances."

DOM, Section 52030.4.1, states in part: "Maintain a constant daily inventory of all hazardous substances used or stored."

DOM, Article 17, Section 22080.3, Responsibility-Program Fiscal Audits Branch (PFAB), states in part: "PFAB shall assist the Director and other departmental executives with increasing the effectiveness of management by systematically reviewing departmental activities to provide recommendations for improvements."

Environmental Protection Agency (EPA), Title VI, Section 608, states in part: “. . . appliances that contain 50 or more pounds of refrigerant must keep servicing records documenting the date and type of service, as well as the quantity of refrigerant added.”

Department of Transportation Cylinder Maintenance, Retest and Certification Requirements, Visual Inspection and Hydrostatic Testing of Cylinders 173.34 (General Requirements), states in part: “. . . (c) Cylinder marking. Each required marking on a cylinder must be maintained so that it is legible. Retest markings and original markings which are becoming illegible may be reproduced by stamping on a metal plate which must be permanently secured to the cylinder . . . (e) Periodic qualification and marking of cylinders. Each cylinder that becomes due for periodic retest . . . must be retested and marked in conformance with the requirements of this paragraph (e).”

### **Recommendation**

Comply with the HCP and the DOM and maintain a healthy and safe environment.

## **2. Hazardous Waste (HW)**

The HW Accumulation site does not have warning signage.

This condition could result in employees accessing a dangerous area where hazardous materials are stored.

CCR, Title 22, Section 66265.14, Security, states: “Unless the owner or operator has made a successful demonstration under subsections (a) (1) and (a) (2) of this section, a sign with the legend, "Danger Hazardous Waste Area-Unauthorized Personnel Keep Out," shall be posted at each entrance to the active portion of a facility, and at other locations, in sufficient numbers to be seen from any approach to this active portion. The legend shall be written in English, Spanish and in any other language predominant in the area surrounding the facility, and shall be legible from a distance of at least 25 feet. Existing signs with a legend other than "Danger Hazardous Waste Area-Unauthorized Personnel Keep Out" may be used if the legend on the sign indicates that only authorized personnel are allowed to enter the active portion, and that entry onto the active portion can be dangerous.”

### **Recommendation**

Ensure that warning signage is posted at the HW Accumulation site.

## **B. Plant Operations**

### **1. Backflow Devices**

There are several deficiencies related to backflow devices. For example, a master list was not provided, periodic test and maintenance reports do not reflect whether backflow devices passed or failed tests, retest procedures are incomplete, date fields are incomplete and/or incorrect and the type of backflow device (Double Check or Pressure Vacuum Breaker Assembly) or test method applied is incorrect.

This condition could result in difficulty identifying all backflow devices and determining whether tests have been performed.

California Plumbing Code, Section 603.3.2, states: "The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often when required."

SAPMS guidelines states in part: ". . . establish an effective and efficient (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment."

California Department of Health Services, Drinking Water and Environmental Management Division, recommends that test results be kept on file in a central location.

The City of Avenal Notice dated September 5, 2008, states: "California Administrative Code (Title 17, Chapter 5, sub-chapter 1, group 4, Article 3-7605, requires that backflow prevention devices be tested at least once a year.) Repairs or replacement must be made if the device is defective, and records of test, repairs and overhauls be kept and available to the purveyor (City of Avenal)."

### **Recommendation**

Create a master listing to identify all locations and devices, maintain accurate data within the SAPMS and test backflows on an annual basis. Continue training staff.

### **2. IIPP**

Communicating work place hazards is not performed in accordance with the SATF's IIPP. For example, staff are not supplied with access to hazard information pertinent to work assignments and Codes of Safe Practices. Also, Hazard Evaluations are not maintained at the Maintenance Warehouse, the Electronic Technicians, Electricians, Paint, and Carpenter shops.

This condition could result in employees not performing their duties and responsibilities in a safe manner.



DOM, Section 31020.3, Objectives, states in part: “All systems shall meet or exceed the minimum safety and health standards of the General Industry Safety Orders (GISO), CCR, Title (8); Manual of Standards for American Correctional Association (ACA); National Fire Protection Association (NFPA); Life Safety Codes; H&SC; and all other applicable federal, state, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control.”

SATF’s IIPP states: “Supervisors are responsible for ensuring that staff is supplied access to hazard information pertinent to their work assignments. (I.e. work area postings).”

SATF’s IIPP, Supervisors’ Responsibilities, states: “Implementing measures to eliminate or control workplace hazards and communicating pertinent hazards to employee.”

### **Recommendation**

Comply with DOM, and SATF’s IIPP program, and provide hazardous information and evaluations.

## **3. Safety Meetings**

Safety meetings are not conducted for each maintenance section at least every ten days and written minutes taken. Eighty percent of the shops tested did not conduct and document consistent safety meetings.

This condition could result in employees not being aware of safety issues that may be required to ensure a safe and injury free workplace.

CCR, Title 8, Article 3, Section 8406(e), IIPP, states in part: “. . . supervisory personnel shall conduct “toolbox” or “tailgate” safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be kept, stating the meeting date, time, place, supervisory personnel present, subjects discussed and corrective action taken, if any, and maintained for inspection.”

### **Recommendation**

Comply with the CCR, Title 8 by conducting and documenting safety meeting minutes.

## **C. Maintenance Warehouse**

### **1. Eye Wash Station**

The emergency eye wash station located in the Maintenance Warehouse does not have a record or log available for review which indicates that the eye wash station is properly operating.

This condition may result in an increased threat to life, health, and safety.

CCR, Title 8, Section 5162(a), states: "Plumbed eyewash equipment should be activated weekly to flush the line and to verify proper operation."

The American National Standards Institute (ANSI) Z358.1-1990 recommends that a written log be maintained to verify its operation.

### **Recommendation**

Ensure that the CCR, Title 8 and ANSI Standards are followed by testing the emergency eye wash stations and logging the test.

## **D. Support Warehouse**

### **1. Contamination**

The plastic entry curtains, located in the cold food storage in the Support Warehouse, have fungus/mildew growing on them. Additionally, they are cracked and broken.

This condition results in staff coming in contact with fungus and mildew.

California Retail Food Code (CRFC), Section 114257, states: "All facilities, equipment, and utensils are to be kept clean, operative and in good repair."

### **Recommendation**

Replace and/or repair all broken curtains and ensure that fungus/mildew is not growing on them.

## **III. INTERNAL CONTROL**

### **A. Payroll/Accounting**

#### **1. Salary Warrants**

Staff receiving and distributing salary warrants are also processing personnel documents (e.g., timekeepers process CDC 998-As). As of October 27, 2009, there were four instances of staff distributing salary warrants and processing personnel documents (i.e., Complex I, Business Services, Records, and an Inmate Assignment Lieutenant).

This condition could result in late detection of errors and irregularities, theft, and misappropriation.

SAM, Section 8580.1, states: "State agencies will observe the following separation of duties in designating persons who can certify or process personnel documents to SCO, Division of Personnel and Payroll Services. Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or to handle salary warrants for any other purpose will not be authorized to process or sign any of the following personnel documents: d. Absence and Additional Time Worked Report form, STD. 634 (the STD. 634 has been replaced by the CDC 998-A). Departments will review duties at least semiannually or more often if necessary to comply with this section."

### **Recommendation**

Establish a procedure that complies with SAM policy and monitor the process for compliance. Ensure that persons designated to receive, distribute, or handle salary warrants are not authorized to process or sign personnel documents.

## **B. Inmate Trust Accounting**

### **1. Authorized Signature Memorandum**

The authorized signature memorandum(s) for signing checks is outdated. The previous Accounting Office (Supervisor) is currently listed as a check signer. Additionally, an authorized signature memorandum has not been created for the 057 account which is used to write checks for travel advances.

This condition could result in late detection of errors and irregularities, theft, and misappropriation.

SAM, Section 8001.2, states: "The memo will be placed in an Agency Check—Authorized Signatures file. This file will be kept by the agency on a current basis. A copy of the memo need not be sent to the State Treasurer's Office. Each agency will be solely responsible for maintenance and control of authorized signature files."

### **Recommendation**

Update Authorization Signature Memorandum(s) when there are any changes in staff responsibilities.

### **2. Parole Release Fund Reconciliation**

Parole Release Fund Reconciliation sheets were not available from July 1, 2009 through October 5, 2009.

This condition could result in late detection of errors and irregularities, theft, and misappropriation.

SAM, Section 7908, states: "All reconciliations will show the preparer's name, reviewer's name, date prepared, and date reviewed."

SAM, Section 8111.2, states in part: ". . . the frequency of the reconciliation should be done monthly, quarterly or annually depending on the size of the fund...An employee other than the custodian of the change or petty cash fund will count it in accordance with the following schedule and report the count to the Accounting Officer. Funds over \$2500.00 will be counted monthly if not prescribed more frequently by Fiscal Systems and Consulting Unit, Department of Finance."

### **Recommendation**

Ensure that reconciliations are completed and maintained.

## **C. Procurement**

### **1. Inventory Adjustments**

Inventory adjustments are not approved by the Business Manager or above. They are approved by the Procurement and Services Officer in the Support Warehouse, the Correctional Plant Manager in the Maintenance Warehouse. Additionally, the inventory adjustments are not signed for Non Drug Medical supplies.

This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 10860, Physical Inventories, states: "The business manager, after he has satisfied himself as to the propriety of the adjustments, will authorize the adjustment of the stock records by signing the list of the inventory adjustments...."

DOM, Section 22030.12.6, states: "Review and approval of all inventory adjustments shall be made by the Business Manager at the institutions...This review and approval shall be documented on a STD. Form 157, Property Listing Adjustment Sheet."

### **Recommendation**

Ensure adjustments are properly approved by the Business Manager or above prior to posting.

### **2. Interoffice Requisition-Local (CDCR 954)**

One person certifies that goods are essential and funds are available, and this person also approves the CDCR 954 (i.e., Medical). Exacerbating this issue is that it is difficult to determine whether the person certifying and approving is at an appropriate level.

This condition could result in late detection of errors and irregularities, theft, and misappropriation.

SAM, Section 20500, Internal Control, states in part: "...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets...3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures...."

### **Recommendation**

Separate duties so that no one person has significant control over the acquisitions of goods and services.

### **3. Purchasing Authority Purchase Order (Std. 65)**

A change to a Std. 65 order resulted in an increase of \$8,263 but was not properly authorized.

This condition could result in management being unaware of changes to previously approved purchase orders.

State Contracting Manual, Volume 2, Chapter 8, Purchase Documents, page 6, states in part: "...only authorized personnel delegated signature authority by department management may sign purchase documents on behalf of the State. Original signatures are required on purchase documents."

### **Recommendation**

Ensure that change orders are signed by authorized personnel.

## **IV. LATE DETECTION AND ADDITIONAL WORKLOAD**

### **A. Personnel Transactions**

#### **1. Hiring Files**

There are deficiencies related to the five hiring files reviewed. For example, there is no clear scoring method used, organization charts are not signed and attached, suggested responses were not available and negative reference checks were not documented.

This condition could result in difficulty defending complaints and determining why a hire was made.

Hiring Process Memorandum dated April 21, 2003, states in part: "All hiring interview and reference materials should be kept in a secure and confidential area.... The material should include a copy of the JOB (Job Opportunity Bulletin) and any other recruitment information, all applications received, screening criteria, interview questions, rating criteria, panel members' notes, and hiring justification or notes."

### **Recommendation**

Develop a clear scoring method with specific rating criteria for all interview questions. Review all hiring packages for completeness.

## **2. California Leave Accounting System**

The CLAS does not reflect accurate time. For example, when an employee does not have sufficient leave balances and is docked, the dock is not recorded into the CLAS. This occurred in seven of the ten Payroll Units tested for the August 2009 pay period. In addition, one unit has not established accounts receivable for docks.

This condition results in late detection of inappropriate use of leave and inaccurate attendance records.

Administrative Bulletin (AB) 04-01, Attendance Record Policy – Bargaining Unit (BU) 06 and Aligned Non-Represented Employees, states in part: "The Department of Personnel Administration (DPA) Rules, Sections 599.665 and 599.702, Government Code (GC) Section 19849, and the Fair Labor Standards Act (FLSA), Chapter VI, requires all departments to maintain complete and accurate time and attendance records for each employee covered by the FLSA." CDCRs policy establishes a process and time frame for submitting time and attendance record to the Personnel Office to meet mandated requirements.

### **Recommendation**

Establish a review and monitoring process. Provide both formal and informal training, as necessary. Correct leave records to reflect accurate attendance, and monitor the process for compliance.

## **3. Payroll**

It appears that the Personnel Supervisor processed her own payroll for August 2009.

This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 20050, Internal Controls, states in part: "Furthermore, GC 13403 states in part: ". . . the elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 2. A plan that limits access to state assets to authorized personnel who require these assets in the

performance of their assigned duties. 3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures.”

### **Recommendation**

Establish a procedure that ensures that no one person has significant control over processing the personnel offices payroll transactions.

## **4. CDC 998-A**

Supervisors are approving CDC 998-As without the appropriate substantiation for sick leave. For example, Bereavement Leave was used versus Bereavement Leave Fiscal, and the relationship is not always noted on the CDC 998-A.

This condition results in late detection of inappropriate use of leave and creates additional workload for personnel staff (i.e., making adjustments and corrections).

AB 04-01, Attendance Record Policy – BU 06 and Aligned Non-Represented Employees, states in part: “Supervisor Responsibility – PPAS [Personnel Post Assignment System] and Non – PPAS, The Supervisor will:

- Review the CDC Form 998-A (October 1992) or (August 1999) for accuracy and completeness.
- Determine whether leave credit use is appropriate in accordance with the MOU [Memorandum of Understanding] (R06) or DPA Rules (S06, C06, and M06).
- Sign and date CDC Form 998-A to certify that it is correct and complete....”

### **Recommendation**

Provide training to supervisors and monitor the process for compliance.

## **5. Accounts Receivable**

The Personnel Office has not established Accounts Receivables (ARs) for employees (i.e., custody staff) who have not submitted their CDC 998-A forms, for August 2009 (i.e., Correctional Sergeant, 23 percent; Correctional Lieutenant, 20 percent; Correctional Counselors I, 33 percent; and Correctional Counselors II, 38 percent).

This condition could result in the loss of State funds, a financial hardship on employees, manipulation of time, unauthorized use of time, difficulty detecting errors, and/or irregularities, and additional workload.

AB 04-01, Attendance Record Policy – BU 06, and Aligned Non-represented Employees, Section Accounts Receivable (AR), states: “Leave taken without available/approved leave credits are subject to an AR, the recovery of overpayment for the unapproved leave. Failure to turn in a completed CDC Form 998-A may

result in an AR established in accordance with BU 06, MOU, Section 15.12, and Side letter 4.”

### **Recommendation**

Develop a strategy to ensure that custody staff turn in their CDC 998-As in a timely manner. In the event CDC 998-As are not turned in timely, establish an Accounts Receivable.

## **B. Plant Operations**

### **1. Inmate Work Supervisor’s Time Log (Prior Finding)**

CDCR 1697s are not properly maintained. The following are deficiencies noted at the two locations reviewed.

#### **Paint Shop**

- An inmate has only worked a total of 15.5 hours within the last 19.5 months and the inmate is receiving sentence reducing credit which he is not entitled to receive because he does not work the minimum required hours per day.
- Inmate duty statements are not consistently signed by staff and inmates, or the duty statement is not present.
- A reason for using exceptional time is not consistently noted.
- Hours of assignment noted on the inmate duty statement do not reconcile to the CDCR 1697.
- The Non Correctable copy is not consistently given to the inmates.
- There is inadequate documentation when inmates transfer to different position numbers.

#### **Grounds Shop**

- Initials are used to certify the CDCR 1697 instead of signatures.
- Hours of assignment noted on the inmate duty statement do not reconcile to the CDCR 1697.

This condition could result in late detection of irregularities and errors.

DOM, Section 5313.10.1, states in part: “S” with the number of hours an inmate is unable to report to work through no fault of the inmate...Additional entries position/assignment number of the inmate....”

CCR, Title 15, Section, 3045, Timekeeping and Reporting, states: “(a) Inmate timekeeping logs. The attendance of each inmate assigned to a credit qualifying assignment shall be recorded daily on an approved timekeeping log. This log shall be the reference for resolving complaints or appeals and shall be retained at a secure location designated by the facility management for a period of 4 years from the date of completion. (2) Mismanagement or falsification of an inmate timekeeping log may result in adverse action and/or prosecution.”



## **Recommendation**

Complete the CDCR 1697 as events occur. Maintain IWTIP documents in accordance with CCR, Title 15, and DOM.

### **2. Emergency Generators**

Testing and maintenance of the emergency generators is not documented in accordance with IMU and SJVAPCD. The Audits Branch noted the following deficiencies:

- Based on documentation provided, the annual load bank tests were not completed on generators 1- 4, and the generator at the Correctional Treatment Center (CTC).
- Logs maintained by SATF Electricians/Stationary Engineers do not reconcile to the SAPMS data base and do not reflect the asset number.
- Staff are not certifying logs with a signature.
- There are three different versions of the maintenance log for the CTC generator.
- Scheduled maintenance is not documented and performed in accordance with SATF's published schedule. (See table below)

<b>Scheduled Test Dates</b>	<b>Generator 1</b>	<b>Generator 2</b>	<b>Generator 3</b>	<b>Generator 4</b>
May 6, 2009	Tested	Not Tested	Not Tested	Tested
May 14, 2009	Not Tested	Not Tested	Tested	Not Tested
May 20, 2009	Not Tested	Not Tested	Tested	Tested
May 27, 2009	Not Tested	Not Tested	Not Tested	Not Tested
June 4, 2009	Tested	Not Tested	Not Tested	Tested
June 11, 2009	Not Tested	Not Tested	Not Tested	Not Tested
June 18, 2009	Not Tested	Tested	Not Tested	Tested
June 25, 2009	Not Tested	Not Tested	Not Tested	Not Tested
July 2, 2009	Not Tested	Tested	Tested	Not Tested
July 9, 2009	Not Tested	Not Tested	Not Tested	Not Tested
July 16, 2009	Not Tested	Not Tested	Not Tested	Not Tested
July 23, 2009	Not Tested	Not Tested	Not Tested	Not Tested
August 5, 2009	Not Tested	Not Tested	Not Tested	Not Tested
August 12, 2009	Tested	Not Tested	Not Tested	Tested
August 19, 2009	Not Tested	Not Tested	Not Tested	Not Tested
August 26, 2009	Not Tested	Tested	Tested	Not Tested
September 2, 2009	Not Tested	Not Tested	Not Tested	Not Tested
September 9, 2009	Tested	Not Tested	Not Tested	Tested
September 16, 2009	Not Tested	Not Tested	Not Tested	Not Tested
September 23, 2009	Not Tested	Tested	Tested	Not Tested
<b>Total Run Hours</b>	<b>3.3 hours</b>	<b>2.2 Hours</b>	<b>6.4 Hours</b>	<b>4.9 Hours</b>

This condition may result in difficulty proving that emergency generators are tested timely. The lack of systematic maintenance may result in failures if there is an emergency.

IMU memorandum, "Emergency Power Generator Systems," dated December 21, 1999, directs institutions to conduct load bank tests on emergency generators and recommends that the institution incorporate all assets and tasks into the SAPMS.

Permit Unit Requirements SJVAPCD, permit unit C-195-10-1, Section 7, states: "The permittee shall maintain records of hours of emergency and non-emergency operation. Records shall include the date, the number, of hours of operation, the purpose of the operation (e.g., load testing, weekly testing, rolling blackout, general area power outage, etc) and the sulfur content of the fuel used. Such records shall be retained on-site for a period of five years and made available for district inspection upon request. [District Rules 1070, 2520, 9.4.2, and 4701, 6.2.2, 6.2.3.] Federally enforceable through Title V permit."

### **Recommendation**

Comply with the guidelines established by IMU and the SJVAPCD by documenting testing and maintenance of emergency generators.

### **3. Equipment Maintenance Data Summary Sheets**

Trades staff are not preparing Equipment Maintenance Data Summary Sheets when a new piece of equipment is installed (e.g., ovens, steamers, griddles, and coffee makers).

This condition could result in equipment not being tagged and a PM schedule not established.

Department Plant Operation Maintenance Procedures Manual, Section 2.D.5 and SAPMS guidelines, states, "All equipment will be clearly identified by placing the unique standard equipment code on each piece of equipment . . . Transfer equipment data from the Equipment Maintenance Summary Data Sheets following the guidelines in the Departmental Standard Plant Operations Maintenance Procedures Manual and develop assignment schedules for the completion of the PM...."

### **Recommendation**

Prepare Equipment Maintenance Summary Data Sheets and forward them to the SAPMS administrator timely to place newly purchased equipment on a PM schedule.

#### **4. PM**

There are several deficiencies related to PM.

- During the period sampled, March 2009 through September 2009, 13,124 PM work orders were generated, of the which, 31 percent were placed into deferred and cannot complete categories.
- Asset history reports are not requested or reviewed by supervisors.
- A PM program is not adhered to in the Main Kitchen. For example, 49 assets were sampled, of which, 25 were not maintained per the published PM schedule.
- Equipment/assets were not always clearly identified with the standard equipment code on each piece of equipment (SAMPs tags). This condition was noted in food services where 49 percent of assets tested were not tagged.

This condition could decrease equipment efficiency, increase downtime, and result in additional cost for repairs.

Facility Management Division (FMD) 0100, Section H, Preventive Maintenance, states in part: "Plant Operations will provide preventive maintenance on all mechanical equipment and structures within the institutional grounds. Preventive Maintenance is Plant Operations' main objective following emergency repairs as defined above."

SAPMS guidelines, states in part: ". . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment...Without such program equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised."

CRFC, Article 5, Premises and Facilities, Section 114257, states: "All facilities, equipment, and utensils to be kept clean, operative, and in good repair."

#### **Recommendation**

Review the deficiencies identified above and develop strategies to improve PM of equipment especially in the kitchen. Comply with the FMD 0100, SAPMS guidelines and the CRFC.

#### **5. Work Requests and Work Orders**

The procedure which establishes an orderly and standardized method for processing work requests and work orders is not followed. For example:

##### **Telephone Work Order Log (Emergencies)**

- The logs do not note the time of call.
- The logs do not consistently delineate the problem or maintenance deficiency.
- Work requests generated by the logs do not have approvals to proceed from Plant Operations supervisors.

**Work Order Coordinators (WOC)**

- There are three different versions of the Plant Operation's Work Request (CDCR 2184).
- Work Order requests are submitted without Department Head/Supervisor Authorization.
- Log number formats are not consistently standardized and cannot be reconciled with SAPMS Work Order numbers.

**SAPMS Manager**

- Work Order Requests are not returned to WOCs for clarification, corrections or approvals.
- Work Order Requests are not reconcilable with SAPMS work order numbers (i.e., 14 of 31 requested by the Audits Branch could not be located).
- Work Orders are processed without supporting documentation (hard copies) and/or are submitted without complete information.

**Supervisors**

- Work Order Requests are not approved or prioritized by supervisors prior to generation (e.g., of the 31 Work Order Requests reviewed, none were approved).
- Completed Work Orders are not consistently reviewed by Supervisors prior to submission to the SAPMS Manager.

**Plant Operations Weekly Work Order Sheet (CDCR 2186)**

- Of the seven CDCR 2186 forms reviewed, one had a discrepancy related to hours worked. For example, seven hours were noted on the CDCR 2186, but two hours were inputted into the SAPMS database. (Work Order Number 391144).

This condition could result in difficulty establishing an orderly and standardized process in accordance with FMD 0100.

DOM, Section 11010.12.4.4 and FMD 0100, Section D, Emergency Work Orders, states in part: "When emergency work is required, a call should be placed to the Plant Operations work order desk. The work order staff will forward the emergency information to the appropriate supervisor...Section F, Work Request Review: All work request received by Plant Operations must be logged into the SAPMS to ensure accountability prior to the supervisor's approval. A priority of the work request will be determined by the supervisor. If the work request needs clarification Pant Operations will attach a work request return form...."

Section I, SAPMS Program requirements for Plant Operations Staff, for Demand Work orders corrective maintenance:

- a) Asset (or bar code) number.
- b) Correct location of asset, building and room numbers are mandatory information.
- c) Parts and materials used, cost if available.
- d) Total man hours against work order.

Effective August 1, 2009, local operating procedures for the processing of work request and work orders, and projects are no longer authorized...Each of the following departments will designate an employee to be the Work Order Coordinator

(WOC) for the department, Food Services, Procurement, Housing Units, Central Services, Medical and Education. The responsibility of the WOC will to track all work request submitted by the department....”

### **Recommendation**

Review, approve, adopt, and use the standardized departmental operational procedure. Designate a WOC for each institutional department in accordance with FMD 0100 and DOM.

## **6. Plant Operations Maintenance Report**

The POM Report is not used as a tool to monitor, evaluate and correct deficiencies. During our review, the Audits Branch noted the following deficiencies:

- The Locksmith, Building Maintenance Workers, and Maintenance Mechanics are not meeting minimum hours for a pay period.
- Priorities are not established. For example, 60 percent of the work order hours in the Carpenter Shop are spent on non-maintenance service requests (Priority 4) compared to only 9 percent for PM (Priority 2). In the Maintenance Mechanic Shop, 30 percent of work order time is spent on Priority 4 work orders compared to 19 percent for Priority 2 work orders.
- The Paint Shop received 30 emergency (Priority 1) work orders and completed only 12. Additionally, installing signs and benches does not meet emergency criteria (Work Order number 385870).
- The “Open Emergency Work Order” report and the POM Report do not reconcile.

This condition could result in inaccurate reports being provided to management.

DOM, Section 11010.12.4.4, Facilities Maintenance Unit, states in part: “The Facilities Management Unit (FMU) is responsible for the development, implementation, administration, support, and compliance reviews of the Standard Automated Preventive Maintenance System (SAPMS) and the maintenance program at all State facilities. The unit is also responsible for developing, administering, and updating the maintenance program section in DOM. The unit shall:

- Conduct on-site operational reviews to provide technical consultation and evaluate compliance with the SAPMS.
- Review and analyze the institutions’ database for the inclusion of major systems (electrical, electrified fence, Heating Ventilation Air Condition (HVAC), personal alarms, water, wastewater, etc.) as defined, but not limited to the Functional Inventory Guide of the SAPMS.”

FMD 0100, Section E, states in part: “Work Order Priorities: Listed below are the departmental definitions of work order priorities:

1. Emergency Maintenance is maintenance requested due to problems that pose an immediate threat to institutional security and/or the health and safety of staff and/or inmates.
2. PM is maintenance that is scheduled to be performed on a repeating basis. . .
3. Non-maintenance service requests include services to programs that are not performed on a repeating basis....”

### **Recommendation**

Review and validate reports for accuracy to determine whether they accurately reflect Plant Operations activities and utilize the reports as a tool to assist in managing Plant Operations.

## **C. Inmate Trust Accounting**

### **1. Group Accounts**

There are multiple deficiencies related to Group Accounts. By-Laws are outdated (i.e., 2001) for the two active group accounts. One by-law was not signed by the Chief Deputy Warden and Warden. By-Laws do not specify the persons authorized to withdraw, use of moneys, etc., in accordance with SAM. Source documents (i.e., authorization for withdrawal and receipts) for donations and/or withdrawals are not available and staff appear to be unaware of the need to retain source documents for this purpose.

This condition could result in late detection of irregularities.

SAM, Section 19440.1, states: “Each trust account established shall be supported by documentation as to the type of trust, donor or source of trust moneys, purpose of the trust, time constraints, persons authorized to withdraw or expend funds, specimen signatures, reporting requirements, instructions for closing the account, disposition of any unexpended balance, and restrictions on the use of moneys for administrative or overhead costs. This documentation will be retained until the trust is dissolved.”

### **Recommendation**

Ensure that all account withdrawals are authorized; update by-laws, date and sign by-laws when updated. Additionally, ensure that all source documents are retained for all transactions and monitor the process for compliance.

### **2. Obligations/Holds**

The process for tracking when inmates receive items, such as eyeglasses is inadequate. For example, two of the three inmates tested did not have funds deducted from their trust account for several months because accounting was not made aware that the inmates received the eyeglasses.

This condition could result in loss of funds to the State.

Inmate Trust Accounting Office Operations Guide (ITAOOG) 235, states in part: “A hold placed on incoming checks will automatically drop in 30 days and may never cause a problem for the inmate.”

Inmate Trust Fund Memorandum, states in part: “All holds that cannot be collected in the 30-day period will be released.”

ITAOOG 5315, states: “If there are insufficient funds for the entire price, a hold should be placed on the balance due. Once a new draw period begins in which the inmate is “wholly without funds”, the hold is removed and the balance of the purchase price is written off. See Artificial Appliance Indecency Test.”

### **Recommendation**

Ensure that all holds on accounts are released timely. Review the Inmate Encumbrances Report frequently to ensure that funds are not lost, and are released when appropriate. Even though Trust Restitution Accounting Canteen System is an automated system, there is no way for the system to know when appliances are received. Therefore, a system must be established in order to manually monitor.

## **D. Procurement**

### **1. Delegations**

There are deficiencies related to purchase delegations. For example, DVBE/SB is not verified in some cases, there are an insufficient number of bids and Purchase Orders that do not include the fair and reasonable pricing justification.

This condition could result in loss of delegation.

DOM, Section 22030.6.4.2, Price Quotes, states in part: “. . . for all purchases over \$100 but less than \$500 use the Delegated Purchase Program, two price quotes shall be sought (from the vendor awarded the order and an alternate). For all purchases of \$500 and above, a minimum of two price quotes from competitive vendors shall be secured. A copy of the price quotes shall be indicated on or attached to the audit copy of the delegation order. When the commodity to be purchased is proprietary (sole source), no quotes are necessary. However, a statement concerning the nature of the purchase (why it is proprietary) shall be included in the file. Items available through a state contract, and state price schedules, including PIA [Prison Industry Authority], may not be purchased under this delegation. Bids shall be solicited on a cost per item basis. When established price lists are available, percentage discounts shall be used to determine the most competitive vendor. A price quote that remains unchanged in a time period, not to exceed three months, can be used as a bid for

repetitively purchased items. A single price quote can be used in lieu of frequent and redundant phone quotes each time the item is ordered during this time period.”

### **Recommendation**

Verify DVBE/SB; obtain two bids or supply fair and reasonable justification documents when necessary.

## **2. S&Es**

There are deficiencies related to S&Es. For example, some S&Es do not have approval dates, the rate of pay is not included in the scope of services, the number of attachments do not reconcile with the S&E, two of the five S&Es tested do not have the tax ID number, one S&E was approved for more than the quote, and the S&E log is incorrect.

This condition could result in difficulties disputing claims by vendors and commencing services prior to approval.

DOM, Section 22030.9, Service and Expense Order, states: "Services for repair, rental of equipment, classroom space, and other minor services from private vendors, costing less than \$500, can be obtained by using a CDC Form 1063, Service and Expense Order. This form shall be used in lieu of the STD Form 2, Standard Agreement. Prior to any service being performed and expenses incurred, approval in writing shall be obtained from business management staff. Services performed may require labor and materials. Transactions with less than 10 percent labor charges are purchases and shall be obtained on either a sub purchase or delegated purchase program order. Transactions with greater than 50 percent labor charges are services and can be obtained using the service and expense order form. Transactions with labor charges between 10 percent and 50 percent require consultation with an Office of Procurement formal bid buyer to determine the appropriate method for acquisition. Services of a minor nature normally do not require competitive bidding, but staff shall identify and employ cost effective methods when contracting for services from private vendors.”

DOM, Section 22030.9.1, states in part: “The data requirements for Service and Expense Order are as follows:

- Area of "Service and Expense Order"
- Vendor - enter the vendor name and vendor contact providing the service.
- Bill to - enter name of facility receiving the service and name of the person the vendor is to contact.
- S and E number - enter the unit's service order number.
- Work order number - optional field. When possible, reference a maintenance work order.
- Date - enter the date the order is prepared.
- Nature of service and expense - enter the type of expense to be incurred.



- Location where expense to occur - enter the building number or address where the service shall be performed.
- Start date/completion date - enter the appropriate dates (for monitoring purposes).
- Work to be performed - enter a full description of what is to be accomplished, including the number of hours of labor.
- Description and cost of parts - a detailed listing of parts and materials to be obtained from the vendor.
- Accounting requirements - to be entered by accounting office staff.
- Signature/title - signature of person authorized to sign the service an expense order. The purchasing manager or designee is the appropriate person....”

### **Recommendation**

Develop a checklist of all requirements related to processing S&Es. Use the checklist to ensure compliance.

## **E. Materials Management**

### **1. Physical Inventory - Office Moves**

Physical inventory of property is not conducted prior to office moves.

This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

DOM, Section 22030.12.6, states: “For any move of an office from one building to another, an inventory shall be conducted on property items prior to and after the move is completed. This shall ensure that all property is accounted for and that property records are updated and the move completed as planned.”

### **Recommendation**

Perform a physical inventory of property before and after office moves in accordance with DOM.

### **2. Physical Inventory of Property**

Physical inventory of property has not been conducted since October 2006. The physical inventory of property should have been completed by October 2009. Additionally, after review of the draft memorandum regarding the Physical Inventory of Property and interviews of staff, it appears that the Property Controllers are being advised that: “the performance of a physical inventory is a Property Controllers Function” with no assistance.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

DOM, Section 22030.12.6 and SAM, Section 8652, states in part: “The Department shall conduct a physical inventory on all property and reconcile the inventory with accounting records at least every three years...Units shall develop and carry out an inventory plan that shall include: Inventory taking, Time schedule, Count procedure (type of listing or count sheet to be used), Count assignment (statement of who shall take the inventory at the times and locations scheduled). Internal control: Inventories shall not be exclusively controlled by the custodian of the property records....”

### **Recommendation**

Ensure that a physical inventory of property is conducted every three years in accordance with DOM. Separate the duties related to performing a physical inventory so the Property Controller does not have significant control.

### **3. Physical Inventory - Reconciliation**

The physical inventory does not reconcile to the PCS. For example, of the 16 items tested in Accounting, five do not reconcile. Additionally, in Plant Operations a breathing apparatus (valued at approximately \$1030), multiple Televisions, and two recorders (valued at approximately \$4307) do not reconcile to the PCS/BIS. Lastly, the breathing apparatus was removed from the Institution and the Property Controller was not notified. Also, the descriptions for the two recorders are vague.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

DOM, Section 22030.12.5, Stock Records, states: “The Department shall maintain inventory control records on all property that meets the criteria for strict accountability.”

### **Recommendation**

Ensure all property is listed in the PCS/BIS.

### **4. Maintenance Warehouse**

Four of eight items tested in the Maintenance Warehouse do not reconcile with the data available in SLAMM.

This condition may result in inaccurate reporting in addition to late detection of errors, irregularities, theft, and/or misappropriation.

DOM, Section 22030.10.1, Stock Records, states in part: “The stock record, which serves as a joint purchasing/financial/operational record, shall be kept current and accurate at all times. . . .”

### **Recommendation**

Perform spot checks to determine the accuracy of SLAMM and make adjustments as necessary.

## **5. Std. 273s**

The Std. 273s are not completed appropriately. For example, all required fields are not completed. Additionally, the Travel Logs are not submitted to the garage by staff operating State owned vehicles on and off grounds to the garage.

This condition may result in difficulty reporting accurate vehicle mileage usage and late detection of irregularities.

SAM, Section 4107, Travel Logs, states in part: “Agencies/departments will maintain Monthly Travel Log Form, Std. 273, on all State-owned passenger mobile equipment....”

### **Recommendation**

Complete monthly travel logs and forward them to the garage monthly in accordance with SAM.

## **V. POLICES AND PROCEDURES**

### **1. RPP**

Plant Operations does not have an approved written RPP.

This condition could result in employees not following safe practices related to respiratory protection.

CCR, Title 8, Subchapter 7, General Industry Safety Orders, Group 16, Control of Hazardous Substances, Article 107, Dusts, Fumes, Mists, Vapors and Gases, (c) Respiratory Protection Program, states: “This subsection requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator.”

The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this subsection.

### **Recommendation**

Comply with CCR by developing a written RPP.

## **2. Pest Control Operational Procedure**

There is no Operational Procedure for the Pest Control Technician; also, there is no pest control schedule, and staff are not notified of pesticide applications.

This condition could result in difficulty administrating the pest control program and expose employees to potential harmful chemicals.

CCR, Title 15, Subchapter 5, Article 1, 3380(c), states in part: "Subject to the approval of the Wardens, Superintendents and parole Region Administrators will establish such operational plans and procedures as are required . . . for implementation of regulations and as may otherwise be required for their respective operations. Such procedures will apply only to the inmates, parolees, and personnel under the administrator."

Bargaining Unit 1, Agreement, states: "Whenever a department utilizes a pest control chemical in a state owned or managed building/grounds, the department will provide at least forty-eight hours notice prior to application of the chemical, unless an infestation occurs which requires immediate action. Notices will be posted in the lobby building and will be disseminated to building tenant contacts."

### **Recommendation**

Develop a written procedure outlining the tracking, notification, and monitoring of the pest control process.

## **VI. PENALTIES AND FINES**

### **A. Personnel Transactions**

#### **1. Lump Sum Payments**

Lump sum payments are not issued within 72 hours of notification of the separation. Of the 19 lump sum payments reviewed, 8 were not issued within 72 hours.

This condition could result in severe penalties, prosecution, and the institution can be held liable for treble damages.

CDC Memorandum dated May 4, 2001, Changes to California Labor Code, Section 220, states in part: "...requires an employer (including State agencies) to provide permanently separating employees with all final pay due (including overtime and lump sum payments) on the effective date of separation if the employee notified the employer at least 72 hours prior to separation. When an employee permanently separates without providing at least 72 hours prior notification, the employer then has 72 hours from the time the employee provides the notification to give him/her all final pay due...."

### **Recommendation**

Establish a procedure which ensures that lump sum payments are issued timely and monitor the process for compliance.

## **VII. TRAINING**

### **A. Personnel**

There are staff members in the Personnel Office who have not attended the SCO basic training courses. Staff that have not attended are a Personnel Supervisor II, a Personnel Supervisor I, a Senior Personnel Specialist, and three Personnel Specialists. The courses are:

- Fundamentals of Payroll
- Fundamentals of Personnel
- Personnel Action Request Documentation
- Payroll Input Process
- CLAS Leave Accounting
- Employment History Overview
- Corrective Action

The lack of these courses may hinder the staff from acquiring the skills and knowledge in order to do their job appropriately and effectively. In addition, this condition could result in errors and a hardship on employees.

SCO, Statewide Training, Statewide Training Programs and Prerequisites, Fundamentals of Payroll, Prerequisites, states: "Must have a minimum of five months of personnel/payroll experience and have certified at least Master Payrolls for negative attendance employees that included exceptions to the payroll and Fundamentals of Personnel, Prerequisites . . . . Must have one month of personnel/payroll experience."

### **Recommendation**

Review the current SCO training schedule and assign the personnel staff for training.

## **B. Inmate Trust Accounting**

Of the 12 employees working in the Trust Office, 6 have not received adequate training. This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

DOM, Section 32010.13, states: "All employees shall receive 40 hours training annually, at least eight hours of which shall be formal classroom training. The balance can be any combination of On-the-Job Training, formal In-Service Training, or out-service training."

### **Recommendation**

Ensure that all employees receive the minimum training requirements.

## **C. Plant Operations**

### **1. Confined Space Awareness**

Confined Space Awareness Training has not been conducted for 93 percent of rank and file, and 100 percent of supervisors working within Plant Operations Department during the past year.

This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

CCR, Title 8, Article 108 5157(F), states in part: "Employees must receive training in confined space operations at least once per year . . . ."

### **Recommendation**

Provide documented training and update as required to conform with the CCR, Title 8. Adopt a formalized Confined Space Program.

### **2. Respirator Training**

Plumbers, Stationary Engineers, and Carpenters are not adequately trained for half mask, full mask, and N95 respirators.

This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.

CCR, Title 8, Subchapter 7, General Industry Safety Orders, Group 16, Control of Hazardous Substances, Article 107, Dusts, Fumes, Mists, Vapors and Gases (c) Respiratory Protection Program, states: "This subsection requires the employer to develop and implement a written respiratory protection program with required

worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator.”

The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this subsection.

### **Recommendation**

Comply with the CCR, Title 8, and provide respirator training.

### **3. General and OJT Training**

General and OJT are not always attended and documented. For example, 78 percent of rank and file and 80 percent of supervisors have not attended Tool and Key control, 82 percent and 60 percent respectively have not attended Hazardous Material training, and only 1 percent has attended training for the IWTIP. It should be noted that Tool and Key Control training was held on October 21, 2009, for Plant Operations.

This condition could make it difficult for employees to perform their duties based on current policies, procedures and practices.

DOM, Section 32010.5, Definitions Training, states: “The process whereby Department employees, either individually or in groups, participate in a formalized, structured course of instruction to acquire skills and knowledge for their current or future job performance. These organized activities shall contain measurable learning objectives that can be evaluated in a classroom setting or in structured OJT.

Job-Required Training: Job-required training is designed to assure adequate performance in a current assignment. This includes orientation training made necessary by new assignments or new technology, refresher training, and training mandated by law or other State authority.

Job-Related Training: Job-related training is designed to increase job proficiency or improve performance above the acceptable level of competency established for a specific job assignment. It prepares the employee to assume increased responsibilities in their current assignment.

Upward Mobility Training: designed to provide career movement opportunity for employees within classifications or job categories designated by the Department as upward mobility classifications. Includes training to facilitate movement of employees from....”

### **Recommendation**

Attend training and maintain documentation.



**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
AND STATE PRISON AT CORCORAN**

**GLOSSARY**

<b>AB</b>	Administration Bulletin
<b>ACA</b>	American Correctional Association
<b>ANSI</b>	American National Standards Institute
<b>AR</b>	Accounts Receivable
<b>BIS</b>	Business Information Systems
<b>BU</b>	Bargaining Unit
<b>CAP</b>	Corrective Action Plan
<b>CCR</b>	California Code of Regulations
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CDCR 954</b>	Interoffice Requisition-Local
<b>CDC 998-A</b>	Employee Attendance Record
<b>CDCR 1697</b>	Inmate Work Supervisor's Time Log
<b>CDCR 2184</b>	Plant Operations Work Request
<b>CDCR 2186</b>	Plant Operations Weekly Work Order Sheet
<b>CLAS</b>	California Leave Accounting System
<b>CRFC</b>	California Retail Food Code
<b>CTC</b>	Correctional Treatment Center
<b>DOM</b>	Department Operations Manual
<b>DPA</b>	Department of Personnel Administration
<b>DVBE</b>	Disabled Veterans Business Enterprise
<b>EPA</b>	Environmental Protection Agency
<b>ETO</b>	Excused Time Off
<b>FLSA</b>	Fair Labor Standards Act
<b>FMD</b>	Facilities Management Division
<b>FMU</b>	Facilities Management Unit
<b>GC</b>	Government Code
<b>GISO</b>	General Industry Safety Order
<b>HCP</b>	Hazard Communication Program
<b>HVAC</b>	Heating, Ventilation, and Air Conditioning
<b>HW</b>	Hazardous Waste
<b>IIPP</b>	Injury Illness Prevention Plan
<b>IMU</b>	Institutions Maintenance Unit
<b>ITAOOG</b>	Inmate Trust Accounting Office Operations Guide
<b>IWTIP</b>	Inmate Work Training/Incentive Program
<b>JOB</b>	Job Opportunity Bulletin
<b>MOU</b>	Memorandum of Understanding

<b>MSDS</b>	Material Safety Data Sheet
<b>NFPA</b>	National Fire Protection Association
<b>OAC</b>	Office of Audits and Compliance
<b>OJT</b>	On-the-Job Training
<b>PCS</b>	Property Control System
<b>PFAB</b>	Program Fiscal Audits Branch
<b>PM</b>	Preventive Maintenance
<b>POM</b>	Plant Operations Maintenance Report
<b>PPAS</b>	Personnel Post Assignment System
<b>RPP</b>	Respiratory Protection Program
<b>SB</b>	Small Business
<b>S&amp;E</b>	Service and Expense Order
<b>SAM</b>	State Administrative Manual
<b>SAPMS</b>	Standard Automated Prevention Maintenance System
<b>SATF</b>	California Substance Abuse Treatment Facility and State Prison at Corcoran
<b>SCO</b>	State Controllers Office
<b>SJVAPCD</b>	San Joaquin Valley Air Pollution Control District
<b>SLAMM</b>	State Logistics and Materials Management
<b>STD. 65</b>	Purchasing Authority Purchase Order
<b>STD. 273</b>	Monthly Travel Log
<b>TRACS</b>	Trust Restitution Accounting Canteen System
<b>WOC</b>	Work Order Coordinator

## SAMPLE FORMAT CORRECTIVE ACTION PLAN

Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p><b>WRITTEN NOTICE</b></p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain (Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense.</p>	<p>2/2/2006</p>

California Department of Corrections and Rehabilitation  
Office of Audits and Compliance  
Information Security Office



Information Security Compliance Review  
California Substance Abuse Treatment Facility  
October 26 – 30, 2009

**INFORMATION SECURITY OFFICER**  
Allen J. Pugnier

**AUDITOR**  
Ken Kojima

**Information Security Compliance Review  
California Substance Abuse Treatment Facility  
October 26 – 30, 2009**

The Office of Audits and Compliance (OAC) Information Security Branch (ISB) conducted an Information Security Compliance Review of the California Substance Abuse Treatment Facility (SATF) between the dates of October 26 and October 30, 2009. The review covered 18 different areas. SATF was fully compliant in 11 areas, partially compliant in 4 areas, and noncompliant in 3 areas. The overall score is 86 percent. The chart below details these outcomes. Other observations, found at the end of this report, are also noted.

**FINDINGS SUMMARY:**

		Score	Compliant	Partially Compliant	Non-compliant
<b>STAFF COMPUTING ENVIRONMENT</b>					
1.	Computing Technology Use Agreement (CDC 1857) is on file.	85%		PC	
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	81%		PC	
3.	Information Security Training is current.	82%		PC	
4.	Staff can log on using their own password.	100%	C		
5.	Network access authorization is on file.	98%	C		
6.	Physical locations of CPUs agree with inventory records.	100%	C		
7.	Staff CPUs labeled "No Inmate Access."	100%	C		
8.	Staff monitors are not visible to inmates.	96%	C		
9.	Anti virus updates are current.	75%		PC	
10.	Security patches are current.	49%			NC

<b>INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)</b>					
11.	Physical location of CPUs agrees with inventory records.	95%	C		
12.	CPU labeled as an inmate computer.	100%	C		
13.	Anti virus updates are current.	30%			NC
14.	Inmate monitors are visible to supervisor.	97%	C		
15.	Portable media is controlled.	100%	C		
16.	Telecommunications access is restricted.	100%	C		
17.	Operating system access is restricted.	51%			NC
18.	Printer access is restricted.	100%	C		

**Test Totals**

<b>11</b>	<b>4</b>	<b>3</b>
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**Overall Percentage      86%**

**Information Security Compliance Review  
California Substance Abuse Treatment Facility  
October 26 – 30, 2009**

## **OBJECTIVES, SCOPE, AND METHODOLOGY**

The objectives of the Information Security Compliance Review are to:

- Assess compliance to selected information security requirements.
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department.
- Provide information security training for management and staff.

The ISB did not review any Prison Industry Authority computers.

In conducting the fieldwork, the ISB performs the following:

- Interview members of senior management, information technology (IT) staff, institutional staff, and computer users.
- Ask staff to provide evidence that all authorized computer users have Acceptable Use Agreement forms and the appropriate training support documentation on file.
- Test selected information security attributes of users and IT equipment using three different population samples. This includes both staff and inmate computing environments.
- Review various laws, policies, and procedures related to information security in a custody environment.
- Conduct physical inspections of selected computers.
- Observe the activities of the IT support staff.
- Analyze the information gathered through the above processes and formulate conclusions.

## **FINDINGS AND RECOMMENDATIONS**

The ISB provided a copy of our review guide to your IT staff. It contains audit criteria and a detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed on the following pages. ISB staff discussed them with management in an exit conference following our fieldwork. Please contact us if you would like to discuss any of these issues further.

**Information Security Compliance Review  
California Substance Abuse Treatment Facility  
October 26 – 30, 2009**

**1. The CDC 1857 is not on file for all computer users. (85 percent compliance)**

Recommendation: Require all staff users to complete Form 1857 before being granted computer access. All Contractors, volunteers, or visitors who use CDCR computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access.  
(DOM, Sections 48010.8 and 48010.8.2)

Best Practice: Required forms can be found on the Information Security Office's intranet web site <http://intranet/PED/Information-Security/>.

**2. The Security Awareness Self-Certification and Confidentiality Agreement forms are not on file for all computer users. (81 percent compliance)**

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent.  
(DOM, Section 49020.10.1)

Best Practice: Required forms can be found on the Information Security Office's intranet web site <http://intranet/PED/Information-Security/>.

**3. Information Security training is not current for all computer users. (82 percent compliance)**

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training.  
(DOM, Sections 49020.14.1 and 41030.1)

Best Practices: The Security Awareness Training material can be found on the Information Security Office's intranet web site <http://intranet/PED/Information-Security/>.

**4. Staff computers do not have up-to-date antivirus software. (75 percent compliance)**

Recommendation: Update antivirus software on all staff computers.  
(DOM, Section 48010.9)

**Information Security Compliance Review  
California Substance Abuse Treatment Facility  
October 26 – 30, 2009**

**5. Staff computers do not have up-to-date security patches. (49 percent compliance)**

Recommendation: Update security patches on all staff computers.  
(DOM, Section 48010.9)

**6. Inmate accessed computers do not have up-to-date antivirus software. (30 percent compliance)**

Recommendation: Update antivirus software on all inmate computers.  
(DOM, Section 48010.9)

**7. Inmate computers must have restricted access to the computer operating system and Disk Operating System commands. (51 percent compliance)**

Recommendation: Configure inmate computers so that access is not available to the noted system files. (DOM, Sections 42020.6 and 49020.18.3)

Best Practice: Configure inmate computers to allow access to programs and files required by the work or education site only.



**Information Security Compliance Review  
California Substance Abuse Treatment Facility  
October 26 – 30, 2009**

**OTHER OBSERVATIONS:**

**Observation 1: Several instances of unattended staff user sessions were observed.**

Recommendation: All staff should be reminded of the security policy requiring unattended machines to be secured with a password.  
(DOM, Section 49020.10.5)

Best Practice: Staff should lock computer by using CTL+ALT+DEL and selecting "Lock Computer," or by pressing the Windows Key and L simultaneously.

**Observation 2: Inmate clerks are not under "direct and constant supervision" while accessing computers.**

Several inmate clerk computer monitors were not visible from a reasonable location.

Recommendation: Inmates may access workstations for the purpose of completing specific tasks or assignments while under direct and constant supervision. Monitors should be visible at all times. (DOM, Section 49020.18.3)

**Observation 3: One thumb drive was left unsecured.**

A USB flash drive was left unattended in a workstation within an unlocked and unoccupied room.

Recommendation: Storage media including, but not limited to diskettes, CDs, removable hard drives, and tapes shall be removed from equipment that reads them and stored in a secure environment when not in use.  
(DOM, Section 49020.17)

**Observation 4: Several instances of password sharing were observed.**

Many of the stand-alone workstations utilized generic or shared logins.

Recommendation: Passwords shall not be shared. (DOM, Section 49020.10.2)

Best Practice: Emphasize in Information Security Awareness Training that password sharing is prohibited.

**Information Security Compliance Review  
California Substance Abuse Treatment Facility  
October 26 – 30, 2009**

**Observation 5: No clerical assistance for the IT support function.**

Best Practice: Clerical could perform non-technical tasks such as maintain the IT equipment and license inventory, prepare and process procurement documents; enter data into work order systems, etc. Redirecting these non-technical tasks to clerical staff would allow technical staff to devote more time to technical duties. Overall, this would result in better utilization of resources.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

EDUCATION  
COMPLIANCE

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND  
STATE PRISON

OCTOBER 19 THROUGH OCTOBER 30, 2009



CONDUCTED BY

EDUCATIONAL COMPLIANCE BRANCH

## EXECUTIVE SUMMARY

### OFFICE OF AUDITS AND COMPLIANCE

#### EDUCATION COMPLIANCE BRANCH REVIEW

*California Substance Abuse Treatment Facility and State Prison at Corcoran*

*October 26-30, 2009*

#### TEAM MEMBERS:

*Raul Romero, Associate Superintendent, OAC  
G. Lynn Hada, Principal, OAC  
Beverly Penland, Vocational Vice-Principal, OAC  
Valarie Anderson, Academic Vice-Principal, OAC  
Ron Callison, Vocational Vice-Principal, OCE-VTEA  
Mark Lechich, Academic Vice-Principal, OCE-WIA  
Sarita Methani, Principal, OCE-ESEA, EOP, DDP, DPP  
Gary Sutherland, Associate Superintendent, OCE*

#### 203 Areas Reviewed

CATEGORIES	COMPLIANCE June 13, 2008	PERCENTAGE OF COMPLIANCE October 30, 2009
Education Administration	72%	43 ÷ 47 = 91%
Academic Education	69%	43 ÷ 54 = 80%
Vocational Education	78%	36 ÷ 40 = 90%
Library/Law Library	62%	26 ÷ 28 = 93%
Federal Programs	100%	11 ÷ 11 = 100%
Special Programs*	83%	23 ÷ 23 = 100%
Total:	74%	182 ÷ 203 = 90%

***Your corrective action plan (CAP) must address each of the deficiencies listed below for each category with a score in the table above. The CAP must be submitted to the Superintendent of the Office of Correctional Education for review and/or modification. The CAP then is due to the Office of Audits and Compliance (OAC) for review within 30 days after your receipt of the preliminary report from OAC.***

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance                      Educational Compliance Branch**  
**ADMINISTRATION SECTION**

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**I. EDUCATION ADMINISTRATION:**

**91% COMPLIANCE**

***Deficiency:***

*#8 Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis? The Artist Facilitator position is being recorded incorrectly as a bridging teacher. This is a problem with the EMR program spreadsheet design and cannot be corrected at the institution level. The problem has been reported to the Superintendent of Correctional Education (A), Office of Correctional Education. The Literacy programs available at California Substance Abuse Treatment Facility and State Prison at Corcoran (SATF) were not being recorded properly on the EMR. Several position numbers for staff on the EMR were incorrect compared to those provided by the institution personnel office.*

*#34 Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? The Certificates of Achievement are not being properly issued although the Certificates of Completion are being issued and tracked.*

*#46 Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)? Several class student assignments are not meeting the required quotas.*

*#56 Is there a High School credit program and General Education Development Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and General Education Development Equivalency Certificates issued to qualified inmates? The Distance Learning teacher also conducts a High School program for students on a voluntary basis. However many of these students are assigned to other education classes leading to these students being double-counted on the Education Monthly Report. The Diplomas and General Education Development certificates are being issued to qualified students. However, there seems to be a flawed method of receiving students' transcripts from other schools in that the inmate is allowed to receive the transcript and submit it to the education department to verify his coursework and grades from previous schools he has attended. These transcripts should be coming directly from the previous school to the SATF Education Department in a sealed envelope to prevent fraud and forgery. The SATF Education Department should be the party that sends for the transcript, follows up on the receipt if needed and documents the information on California Department of Corrections and Rehabilitation (CDCR) Form 128Bs to Central Records.*

## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### ADMINISTRATION SECTION

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*#58 Do all of the quarterly CDCR Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports?* **Credits earned are not being recorded. Many CDCR Form 154 cards are not up-to-date and/or have incomplete information. Test of Adult Basic Education results and chronological reports were generally current and correctly posted.**

## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### ACADEMIC EDUCATION SECTION

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#### II. ACADEMIC EDUCATION:

80% COMPLIANCE

##### **Deficiency:**

**#4** *Is 100 percent of the CDCR curriculum recording system in-use, accurate, and current?* **One teacher is not reflecting late arrivals on the CDCR Form 151. The teacher stated that they were only to do so if it exceeded 30 minutes. All but this one teacher in the same facility were recording 30 minutes of late arrival for the same dates.**

**#6** *Are Certificates of Completion or Achievement being issued to those students earning them?* **Most teachers are not issuing Certificates of Achievements for all students who exit their programs and have not completed the program. All teachers are issuing Certificates of Completion.**

**#8** *Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?* **The teachers state that they are not allowed to give credits, that only the Distance Learning teacher who is runs the High School Program is allowed to authorize credits.**

**#19** *Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?* **A master inventory is not kept for the answer sheets. Also the master inventory needs to clearly show when test booklets or answer sheets are lost or destroyed.**

**#20** *Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?* **A few memorandums were not in the Test of Adult Basic Education Binder.**

**#22** *Are teachers testing within 10 days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?* **There were multiple files where the initial Test of Adult Basic Education was not administered within ten days of the student's initial entry into the classroom.**

**#31** *Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?* **Teachers are awarding Certificates of Completion but not Certificates of Achievement to all students.**

**#36** *Are teachers testing inmates within 10 days of being enrolled or assigned to Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement?* **The teachers are not administering the Test of Adult Basic Education to all students as pre and post tests.**

**#37** *Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis?* **The roster is given to the Vice-Principal on a monthly basis. Inmates who are assigned to Adult Basic Education classes are also voluntarily enrolled in the High School Program and therefore double-counted as Independent Study students.**

## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### ACADEMIC EDUCATION SECTION

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**#38** *Are students' gains being recorded and tracked?* The teachers are not administering the Test of Adult Basic Education to track. One teacher does use the Comprehensive Adult Student Assessment Test to track student progress.

**#71** *Is CDCR approved State frameworks curriculum being used and are course outlines present?* The Physical Education teachers recently received the State frameworks curriculum and have not yet used it as a tool to add to their existing programs. They will be developing course outlines.



## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### VOCATIONAL EDUCATION SECTION

#### III. VOCATIONAL EDUCATION:

90% COMPLIANCE

##### **Deficiency:**

*#2 Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the CDCR Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?* **The teachers indicated that they were usually able to test their students within ten days of initial entry to the class. However there was a delay of a couple of months due to the suspension of testing within the institution. Testing has now resumed and the teachers are in the process of catching up on overdue testing.**

*#7 Are Trade/Industry Certifications being issued and recorded to those students earning them?* **The Office Services and Related Technology teachers are not Microsoft Certified. The Office of Correctional Education has not provided the funding for this training.**

*#13 Are all of the vocational programs that have a nationally recognized certification programs participating in that program?* **The Office Services and Related Technology teachers are not Microsoft Certified. The Office of Correctional Education has not provided the funding for this training. The Landscape teacher is working towards being able to provide Pesticide certification. These teachers provide the training to their students that will enable them to pass the certifications tests.**

*#28 Are teachers testing within three days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?* **The teachers indicated that they were usually able to test their students within ten days of initial entry to the class. However there was a delay of a couple of months due to the suspension of testing within the institution. Testing has now resumed and the teachers are in the process of catching up on overdue testing.**

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance**                      **Educational Compliance Branch**  
**LIBRARY/LAW LIBRARY SECTION**

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**IV. LIBRARY/LAW LIBRARY:**

**93% COMPLIANCE**

***Deficiency:***

*#13 Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than 5 years? Does the library program have at least three directories relevant to the questions asked by the population served?* **There is not at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five). The State budget deficit has prevented the purchase of updated books. Fiscal Year 09/10 funds are now available for the SATF Law Libraries. The Senior Librarian will submit new purchase orders for approval.**

*#18 Does the current library collection contain the number of fiction and nonfiction books mandated by CDCR? Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding?* **The SATF library collection does not contain the number of fiction and nonfiction books mandated by CDCR. The lack of funds due to the State budget deficit and lack of library shelving space have prevented SATF from meeting this requirement. The Senior Librarian continuously seeks used book donations. Lack of funding and space is a common problem with the majority of CDCR prison libraries.**

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance                      Educational Compliance Branch**  
**FEDERAL GRANT PROGRAMS SECTION**

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**V. FEDERAL PROGRAMS:**

**100% COMPLIANCE**

**Workforce Investment Act Program:**

***No Deficiencies were noted.***

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance                      Educational Compliance Branch**  
**SPECIAL PROGRAMS SECTION**

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<b>IV. SPECIAL PROGRAMS*:</b>	<b>100% COMPLIANCE</b>
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**Disability Placement Program**

*No Deficiencies were noted.*

**Developmental Disability Program**

*No Deficiencies were noted.*

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance                      Educational Compliance Branch**  
**SPECIAL PROGRAMS SECTION**

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**OVERALL COMPLIANCE RATING: 90%.**

Administrative staff is apprised that the ratings presented are to be considered tentative, and are subject to change pending final review by the Assistant Secretary, Office of Audits and Compliance. Significant changes in ratings will be documented with full explanations and forwarded to the Warden within 15 working days after the conclusion of the Compliance Review.

\_\_\_\_\_  
G. Lynn Hada, Principal

October 30, 2009

\_\_\_\_\_  
Raul Romero, Associate Superintendent

October 30, 2009

\* Denotes Developmental Disabilities Program (Clark Remedial Plan) and Physical Disabilities Program (Armstrong)

# DEPARTMENT OF CORRECTIONS AND REHABILITATION



*Education Compliance Branch*

## **COMPLIANCE REVIEW FINDINGS**

### **California Substance Abuse Treatment Facility and State Prison at Corcoran**

**October 26-30, 2009**

#### **ADMINISTRATION**

**G. Lynn Hada**

#### **ACADEMIC EDUCATION**

**Valarie Anderson**

**Mark Lechich**

#### **VOCATIONAL EDUCATION**

**Beverly Penland**

**Ron Callison**

#### **LIBRARY**

**Raul Romero**

#### **FEDERAL SUPPLEMENTARY PROGRAMS**

**Mark Lechich**

**Ron Callison**

**Sarita Mehtani**

**Gary Sutherland**

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

No.	<b>INSTITUTION:</b> California Substance Abuse Treatment Facility and State Prison at Corcoran (SATF) <b>DATE:</b> October 26-30, 2009 <b>COMPLIANCE TEAM:</b> G. Lynn Hada	Yes/No or N/A	<b>COMMENTS</b>
1.	<div style="border: 1px solid black; padding: 2px;"><b>Allotments/Operating Expenses:</b></div> <ul style="list-style-type: none"> <li>Does the Principal maintain a budget tracking system to monitor the school departments' complete budget?</li> <li>Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance?</li> </ul>	Yes	
2.	Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end?	Yes	
3.	Are funds allocated by Office of Correctional Education available and spent within program areas?	Yes	
4.	Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education?	Yes	
5.	Are allocated funds for the Bridging Education Programs, including Arts In Corrections (AIC), used to provide program services to inmates?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

6.	Are law library purchases funded by the institution's general budget?	N/A	<p>The Superintendent of Correctional Education, Office of Correctional Education, reports that the budget memorandum permanently moving Library to education in 2006 is still valid. There are existing funding problems for the Gilmore Law Library Electronic Data System electronic law book collection as well as other court mandated hard copy law books and supplements.. Furthermore the Office of Correctional Education has briefed Secretary Matt Cate. The Office of Correctional Education has written a Budget Change Proposal for funding court mandated Law Library expenditures under Program 45. The budget process to date has not resulted in funding the expenditures and the money is being taken from existing adult programs operations funded earmarked for other areas. California Department of Corrections and Rehabilitation re-organization resulted in funding discrepancies for the mandated law library books and supplements. The historical continuous funding and allocations for Law Libraries was allocated to adult institutions and funded under the category designated as Program 25. The re-organization resulted in the responsibility for Law Library operations assigned to adult programs but the monies did not come with the new responsibility. The monies for the law libraries were not appropriately transferred to Program 45 operational funds. The funds were absorbed into the institutions operational funds and not transferred to program 45.</p>
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# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

7.	Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated February 10, 2009 instructions when filling vacancies?	Yes	
8.	Are the Education Monthly Report (EMR) and the <del>Education Daily Report (EDR)</del> accurate and being completed and submitted on a timely basis?	No	The Artist Facilitator position is being recorded incorrectly as a bridging teacher. This is a problem with the Education Monthly Report (EMR) program spreadsheet design and cannot be corrected at the institution level. The problem has been reported to the Superintendent of Correctional Education (A), Office of Correctional Education. The Literacy programs available at SATF were not being recorded properly on the EMR. Several position numbers for staff on the EMR were incorrect compared to those provided by the institution personnel office.
9.	Has adequate space and equipment been provided for staff to perform the required duties of the <del>Reception Center/Bridging Education Program, Arts In Corrections program and the Television Specialist?</del>	Yes	
10.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Credentials:</b></div> Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned?	Yes	Every credential was examined and all staff had the appropriate credential on file for the assigned position.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

11.	Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification?	N/A	Note that Question #10 addresses all credentialed staff. The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
12.	<b>Duty Statements:</b> Are 100% of the staff duty statements on file and applicable to current position?	Yes	The duty statements were 100% correct, very commendable for such a large staff.
13.	<b>Operational Procedures:</b> Does the institution have an Operational Procedure that addresses the legislative mandates of the Bridging Education Program?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
14.	Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion?	Yes	
15.	<b>Staff Assignments:</b> Does the Principal maintain a current and complete list of all authorized positions and their status?	Yes	
16.	Are all staff appropriately working and/or assigned within the education program?	Yes	
17.	Do all staff within the education program report to, and are under the Principal's supervision?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

18.	Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
19.	Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
20.	When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

21.	Has the Artist Facilitator been officially assigned to the Education Department?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
22.	Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution?	Yes	
23.	Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support?	N/A	There is currently no contract between any institution and the Transforming Lives Network vendor.
24.	When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is the plan always implemented?	Yes	
25.	Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement?	Yes	
26.	<div style="border: 1px solid black; padding: 2px;"><b>Alternative Education Delivery Model (AEDM):</b></div> Is an approved Alternative Education Delivery Model Operational Procedure in place?	Yes	The Alternative Education Delivery Model Operational Procedure is part of the regular Education Operational Procedure.
27.	Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure per the Suzan Hubbard memo dated May 5, 2005?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

28.	Are all Alternative Education Delivery Model positions filled?	Yes	
29.	Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?	Yes	
30.	Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines?	Yes	
31.	<ul style="list-style-type: none"> <li>Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas?</li> <li>Are all approved Alternative Education Delivery Model faculty schedules posted?</li> </ul>	Yes	
32.	<b>Gender Responsive Strategies:</b> Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration?	N/A	This item applies only to institutions housing females.
33.	Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines?	N/A	This item applies only to institutions housing females.
34.	<b>Certificates of Completion or Achievement:</b> <ul style="list-style-type: none"> <li>Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system?</li> <li>Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned?</li> </ul>	No	The Certificates of Achievement are not being properly issued although the Certificates of Completion are being issued and tracked.
35.	<b>Executive/Supervisory Assignments:</b> Are documented staff meetings held regularly by Principal, Academic Vice Principal (AVP), and Vocational Vice Principal (VVP)? (monthly or more)	Yes	
36.	Is the Principal a member of the Warden's Executive Staff?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

37.	Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis?	Yes	
38.	<ul style="list-style-type: none"> <li>Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service-Training and On-the-Job-Training?</li> <li>Are all probationary and annual performance evaluations currently due completed?</li> </ul>	Yes	Every personnel file was examined and every probationary or annual performance evaluation was current, a great accomplishment for such a large staff.
39.	Are supervisors documenting contact with staff and inmates involved in the bridging program?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
40.	Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10?	N/A	There is currently no contract between any institution and the Transforming Lives Network vendor.
41.	<div style="border: 1px solid black; padding: 2px;"><b>Test of Adult Basic Education:</b></div> <ul style="list-style-type: none"> <li>Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card (SPARC)?</li> <li>Is the principal implementing remedial changes to improve the scores?</li> </ul>	Yes	
42.	Is there a 4.0 reading level report generated and distributed to appropriate staff?	Yes	
43.	Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

44.	<b>Accreditation:</b> Has the education program been accredited by Western Association of Schools and Colleges (WASC), or has the application for accreditation been submitted to Western Association of Schools and Colleges?	<b>Yes</b>	
45.	<ul style="list-style-type: none"> <li>Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner?</li> <li>Is there a leadership team in place and do minutes substantiate regular meetings?</li> </ul>	<b>Yes</b>	
46.	<b>Inmate Enrollment/Attendance:</b> Do Academic, Vocational, <del>Bridging Education Program</del> , <del>Enhanced Outpatient Program</del> and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?	<b>No</b>	Several class student assignments are not meeting the required quotas.
47.	Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program?	<b>N/A</b>	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
48.	Does the Principal maintain a copy of the current inmate assignment waiting list?	<b>Yes</b>	
49.	Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs?	<b>Yes</b>	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

50.	<p><b>Bridging Program:</b></p> <p>Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?</p>	<b>N/A</b>	<p>The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)</p>
51.	<p>Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit?</p>	<b>N/A</b>	<p>The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)</p>
52.	<p><b>Transforming Lives Network (TLN):</b></p> <p>Has the Transforming Lives Network satellite dish been installed and operational?</p>	<b>N/A</b>	<p>There is currently no contract between any institution and the Transforming Lives Network vendor.</p>
53.	<p>Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?</p>	<b>N/A</b>	<p>There is currently no contract between any institution and the Transforming Lives Network vendor.</p>
54.	<p>Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education?</p>	<b>N/A</b>	<p>There is currently no contract between any institution and the Transforming Lives Network vendor.</p>
55.	<p>Has Transforming Lives Network enrollment and completion data been tracked?</p>	<b>N/A</b>	<p>There is currently no contract between any institution and the Transforming Lives Network vendor.</p>



# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

56.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>GED Testing/High School Credit:</b></div> <ul style="list-style-type: none"> <li>• Is there a High School credit program and General Educational Development (GED) Testing program that follows Office of Correctional Education and State requirements?</li> <li>• Are High School Diplomas and GED Equivalency Certificates issued to qualified inmates?</li> </ul>	<b>No</b>	<p>The Distance Learning teacher also conducts a High School program for students on a voluntary basis. However many of these students are assigned to other education classes leading to these students being double-counted on the Education Monthly Report. The Diplomas and General Education Development certificates are being issued to qualified students. However, there seems to be a flawed method of receiving students' transcripts from other schools in that the inmate is allowed to receive the transcript and submit it to the education department to verify his coursework and grades from previous schools he has attended. These transcripts should be coming directly from the previous school to the SATF Education Department in a sealed envelope to prevent fraud and forgery. The SATF Education Department should be the party that sends for the transcript, follows up on the receipt if needed and documents the information on California Department of Corrections and Rehabilitation Form 128Bs to Central Records.</p>
57.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Inmate Education Advisory Committee:</b></div> <p>Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings?</p>	<b>Yes</b>	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

58.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Education Files</b></div> <ul style="list-style-type: none"> <li>• Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions, etc.?</li> <li>• Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.)</li> <li>• Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports?</li> </ul>	<b>No</b>	Credits earned are not being recorded. Many California Department of Corrections and Rehabilitation Form 154 cards are not up-to-date and/or have incomplete information. Test of Adult Basic Education results and chronological reports were generally current and correctly posted.
59.	<ul style="list-style-type: none"> <li>• Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles?</li> <li>• Is there a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity?</li> <li>• Are Education Files prepared for all assigned inmates?</li> <li>• <del>Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and are they then transferred to the General Population receiving institution?</del></li> </ul>	<b>Yes</b>	The California Department of Corrections and Rehabilitation Form 154 card is kept in perpetuity and a copy sent with the student's education file to Central Records.
60.	If there are any contracted, Office of Correctional Education sponsored or special programs operating at the institution, have the teachers assigned to these programs received special/related training?	<b>Yes</b>	
61.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Literacy:</b></div> Are literacy programs available to at least 60% of the eligible prison population?	<b>Yes</b>	
62.	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal?	<b>Yes</b>	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

63.	Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
64.	Is the institution utilizing at least two alternate resources to implement literacy services for inmates?	Yes	However these alternate resources were not properly recorded on the September 2009 Education Monthly Report.
65.	Is there an established procedure for placing students into any existing Learning Literacy (LLL) lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab)	Yes	Students are assigned by the Inmate Assignment Office.
66.	<div style="border: 1px solid black; padding: 2px;"><b>Developmental Disability Program and Disability Placement Program:</b></div> <p>If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?</p>	Yes	
67.	<div style="border: 1px solid black; padding: 2px;"><b>ESTELLE/Behavior Modification Programs:</b></div> <p>Is documentation available regarding the original operational intent/concept of the <del>Estelle</del>/Behavior Modification Unit Program and are there actual implementations of the program/programs?</p>	Yes	
68.	Is there an <del>Estelle</del> /Behavior Modification Unit Program monitoring and tracking process in place to record to record student progress through achievement/progress, data collection, instructional methods, and curriculum?	Yes	And the data is being communicated to the Correctional Counselor II on the BMU yard.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

69.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</b></div> <p>Is there an approved Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operational Procedure (OP)?</p>	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
70.	Are all Recidivism and Reduction Strategy (RRS) Assessment positions filled (part of Correctional Offender Management Profiling for Alternative Sanctions)?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
71.	Are all other designated assessment positions filled? Is there a designated supervisor over the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
72.	Do all designated assessment staff have an individual Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) log-on code? Is the security of the code maintained?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
73.	Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

74.	<b>Recidivism Reduction Strategies:</b> <ul style="list-style-type: none"> <li>Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)?</li> <li>Are inventories of Recidivism Reduction Strategies equipment maintained and current?</li> </ul>	N/A	There is no longer a tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education operations funding process.
75.	<b>Recidivism Reduction Strategies Enhanced Outpatient Program:</b> Are all Enhanced Outpatient Program staff hired and in place?	N/A	The Enhanced Outpatient Program educational component is being eliminated by the latest changes in the education programs.
76.	Does the Principal (via the Academic Vice-Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy?	N/A	The Enhanced Outpatient Program educational component is being eliminated by the latest changes in the education programs.
77.	Have the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement?	N/A	The Enhanced Outpatient Program educational component is being eliminated by the latest changes in the education programs.
78.	<b>Multi-Agency Re-entry Program (SB 618):</b> Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team?	N/A	This question applies only to R. J. Donovan Correctional Facility at Rock Mountain.
79.	Are the four vocational programs referenced in Senate Bill 618 in place at the institution?	N/A	This question applies only to R. J. Donovan Correctional Facility at Rock Mountain.
80.	Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program?	N/A	This question applies only to R. J. Donovan Correctional Facility at Rock Mountain.
81.	<b>Vocational-Recidivism Reduction Strategies</b> Are all original vocational Recidivism Reduction Strategies (RRS) teacher positions filled and are all classrooms operating?	N/A	Recidivism Reduction Strategies funding and teacher position tracking is no longer required by the Office of Correctional Education.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

82.	Are all Recidivism Reduction Strategies vocational classes at full enrollment?	N/A	Recidivism Reduction Strategies funding and teacher position tracking is no longer required by the Office of Correctional Education.
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# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

NO.	<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Valarie Anderson</b>	Yes/No or N/A	<b>COMMENTS</b>
1.	<b>Student Job Descriptions:</b> Are all of the inmate students' job descriptions accurate, complete, signed, and available?	Yes	
2.	<b>Student Records/Achievements:</b> Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?	Yes	
3.	Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	Yes	
4.	Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?	No	One teacher is not reflecting late arrivals on the California Department of Corrections and Rehabilitation Form 151. The teacher stated that they were only to do so if it exceeded 30 minutes. All but this one teacher in the same facility were recording 30 minutes of late arrival for the same dates
5.	Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.0 hours of x-time for 4-10 programs for traditional classes?	Yes	
6.	Are Certificates of Completion or Achievement being issued to those students earning them?	No	Most teachers are not issuing Certificates of Achievements for all students who exit their programs and have not completed the program. All teachers are issuing Certificates of Completion.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

7.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Instructional Expectations:</b></div> <p>Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	<b>Yes</b>	
8.	<p>Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?</p>	<b>No</b>	<p>The teachers state that they are not allowed to give credits, that only the Distance Learning teacher who is runs the High School Program is allowed to authorize credits.</p>
9.	<p>Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	<b>Yes</b>	
10.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Bridging Education Program Instructional Expectations:</b></div> <p>Is each teacher utilizing the established curriculum for Bridging Education Program and does each teacher have a copy of the curriculum?</p>	<b>N/A</b>	<p>The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)</p>
11.	<p>Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills?</p>	<b>N/A</b>	<p>The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)</p>



# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

12.	Does Bridging Education Program teacher utilize the proper Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) and is it up to date and accurate?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
13.	Has the Bridging Education Program teacher developed a written weekly schedule to include student programs and contacts?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
14.	<div> <b>Test of Adult Basic Education Testing Coordinator:</b> </div> Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors?	Yes	
15.	Do the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account?	Yes	
16.	Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)?	Yes	
17.	Are Test of Adult Basic Education testing protocols signed by current staff?	Yes	
18.	Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?	Yes	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

19.	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?	<b>No</b>	A master inventory is not kept for the answer sheets. Also the master inventory needs to clearly show when test booklets or answer sheets are lost or destroyed.
20.	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?	<b>No</b>	A few memorandums were not in the Test of Adult Basic Education Binder.
21.	Is the Test of Adult Basic Education locator test being used when needed to determine which level-appropriate Test of Adult Basic Education test to administer?	<b>Yes</b>	
22.	<div style="border: 1px solid black; padding: 2px;"><b>Teacher-Test of Adult Basic Education Testing</b></div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	<b>No</b>	There were multiple files where the initial Test of Adult Basic Education test was not administered within ten days of the student's initial entry into the classroom.
23.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	<b>Yes</b>	
24.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level-appropriate Test of Adult Basic Education test to administer?	<b>Yes</b>	
25.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	<b>Yes</b>	The teachers have a report for each test; <b>however, the Testing Coordinator is not producing the pre-post diagnostic report.</b>
26.	Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?	<b>Yes</b>	The teachers have a report for each test; <b>however, the Testing Coordinator is not producing the pre-post diagnostic report.</b>

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

27.	Are current Test of Adult Basic Education subtests placed in student's classroom file?	<b>Yes</b>	One file was missing a subtest. This appeared to be an oversight as all other files examined contained the subtest. The file did contain a Test of Adult Basic Education chronological report, indicating that a TABE test had been given.
28.	<div style="border: 1px solid black; padding: 2px;"><b>Alternative Education Delivery Models:</b></div> Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours?	<b>Yes</b>	
29.	Is the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?	<b>Yes</b>	
30.	Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing <del>Transforming Lives Network</del> and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis?	<b>Yes</b>	
31.	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?	<b>No</b>	Teachers are awarding Certificates of Completion but not Certificates of Achievement to all students.
32.	Do all of the Education/Independent Study (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	<b>Yes</b>	
33.	Do all of the Education/Work Program (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	<b>N/A</b>	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

34.	Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	
35.	Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	
36.	<ul style="list-style-type: none"> <li>Are teachers testing inmates within ten days of being enrolled or assigned to an Alternative Education Delivery Model program?</li> <li>Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement?</li> </ul>	No	The teachers are not administering the Test of Adult Basic Education to all students as pre and post tests.
37.	<ul style="list-style-type: none"> <li>Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated?</li> <li>Is it given to the Vice-Principal and Principal on at least a weekly basis?</li> </ul>	No	The roster is given to the Vice-Principal on a monthly basis. Inmates who are assigned to Adult Basic Education classes are also voluntarily enrolled in the High School Program and therefore double-counted as Independent Study students.
38.	Are students' gains being recorded and tracked?	No	The teachers are not administering the Test of Adult Basic Education to track. One teacher does use the Comprehensive Adult Student Assessment Test to track student progress.
39.	<div style="border: 1px solid black; padding: 2px;"><b>Gender Responsive Strategies:</b></div> Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (W-CALM) (Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?	N/A	This item applies only to institutions housing females.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

40.	Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	This item applies only to institutions housing females.
41.	<div style="border: 1px solid black; padding: 2px;"><b>ESTELLE and Behavior Modification Unit programs:</b></div> <p>Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows a clear over-all rating of progress of each student in the Behavior Modification Unit/ESTELLE program?</p>	Yes	
42.	Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and is documentation provided to the Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing?	Yes	
43.	<ul style="list-style-type: none"> <li>Do ESTELLE students have access to computers as required in the framework of the program for training?</li> <li>Does the teacher have Test of Adult Basic Education scores on all of the students in the program?</li> </ul>	N/A	This question applies to Pelican Bay State Prison only.
44.	<div style="border: 1px solid black; padding: 2px;"><b>Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</b></div> <p>Are assessment teachers conducting assessments on eligible inmates as defined by the current Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Operations Manual?</p>	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
45.	Does assessment staff utilize the current standardized Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Tracking Form?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

46.	Are the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) questionnaires shredded daily in accordance with the confidential document procedure?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
47.	Are assessment interviews conducted in a semi-private environment?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
48.	Is appropriate assistance provided to inmates during participation in the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operations from teachers to correctional counselors.
49.	<div style="border: 1px solid black; padding: 2px;"><b>Security and Order:</b></div> Are personal alarms issued to teachers and do they wear whistles and the personal alarms on their person?	Yes	
50.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	
51.	<div style="border: 1px solid black; padding: 2px;"><b>Pre-Release</b></div> Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; Department of Motor Vehicles Practice Test; and Parole Services?	Yes	
52.	Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation?	Yes	
53.	Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division (P&CSD) staff support?	Yes	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

54.	Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained?	Yes	
55.	Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs?	Yes	
56.	Is the Pre-Release class a full-time program (four days/8.5 hours or five days/6.5 hours)? If no, is there an exemption on file?	Yes	
57.	Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment?	Yes	
58.	Does the Pre-release Teacher use the Framework for Breaking Barriers?	Yes	
59.	Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release Program reports on time and maintain copies of those monthly Pre-release program reports?	Yes	
60.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Recidivism Reduction Strategies Enhanced Outpatient Program:</b> </div> Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings?	N/A	The Enhanced Outpatient Program educational component is being eliminated by the latest changes in the education programs.
61.	Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team (IDTT) and the Enhanced Outpatient Program teacher to receive education services?	N/A	The Enhanced Outpatient Program educational component is being eliminated by the latest changes in the education programs.
62.	Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines?	N/A	The Enhanced Outpatient Program educational component is being eliminated by the latest changes in the education programs.
63.	Is there documentation of the education services provided to Enhanced Outpatient Program inmates?	N/A	The Enhanced Outpatient Program educational component is being eliminated by the latest changes in the education programs.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

64.	<b>Transforming Lives Network Program:</b> Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.?	<b>N/A</b>	There is currently no contract between any institution and the Transforming Lives Network vendor.
65.	Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access?	<b>N/A</b>	There is currently no contract between any institution and the Transforming Lives Network vendor.
66.	Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty?	<b>N/A</b>	There is currently no contract between any institution and the Transforming Lives Network vendor.
67.	Are school faculty members given the opportunity to provide input into the broadcast schedule?	<b>N/A</b>	There is currently no contract between any institution and the Transforming Lives Network vendor.
68.	<b>Recreation/Physical Education (P.E.):</b> Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program?	<b>Yes</b>	
69.	Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies?	<b>Yes</b>	
70.	Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities?	<b>Yes</b>	
71.	Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present?	<b>No</b>	The Physical Education teachers recently received the State frameworks curriculum and have not yet used it as a tool to add to their existing programs. They will be developing course outlines.
72.	Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?	<b>Yes</b>	



# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

73.	Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies?	<b>Yes</b>	
74.	Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program?	<b>Yes</b>	
75.	Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept?	<b>N/A</b>	The coaches do not have any inmate clerks assigned to them.
76.	Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?	<b>Yes</b>	
77.	Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population?	<b>N/A</b>	There is no longer a tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/20010 fiscal year and absorbed into the general education operations funding process.

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

NO	<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Beverly Penland, Ron Callison</b>	Yes/No or N/A	<b>COMMENTS</b>
1.	<b>Student Job Description:</b> Are all of the inmate students' job descriptions accurate, complete, signed, and available?	Yes	
2.	<b>Student Records/Achievements:</b> Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?	No	The teachers indicated that they were usually able to test their students within ten days of initial entry to the class. However there was a delay of a couple of months due to the suspension of testing within the institution. Testing has now resumed and the teachers are in the process of catching up on overdue testing
3.	Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	Yes	
4.	Is the curriculum recording system in-use, accurate, and current?	Yes	
5.	Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours X-time or 8.5 hours of X-time (on full days) for 4-10 programs?	Yes	
6.	Are elective credits in the designated vocational subject being issued to students and recorded on their transcript in the education file?	Yes	All of the teacher are giving elective credits to students earning and are recording them on the transcript.
7.	Are Trade/Industry Certifications being issued and recorded to those students earning them?	No	The Office Services and Related Technology teachers are not Microsoft Certified. The Office of Correctional Education has not provided the funding for this training.
8.	Are Certificates of Completion or Achievement as appropriate being issued and recorded for those students earning them?	Yes	

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

9.	<div style="border: 1px solid black; padding: 2px;"><b>Instructional Expectations:</b></div> <p>Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum?</p>	<b>Yes</b>	All of the teachers had a course outline. Several teachers have excellent course outlines that highlight their program.
10.	Do all of the vocational education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation curriculum?	<b>Yes</b>	
11.	Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this?	<b>Yes</b>	
12.	Are Vocational Instructors conducting and documenting at least four hours of approved related formal classroom training each week for all inmate students?	<b>Yes</b>	
13.	Are all of the vocational programs that have a nationally recognized certification programs participating in that program?	<b>No</b>	The Office Services and Related Technology teachers are not Microsoft Certified. The Office of Correctional Education has not provided the funding for this training. The Landscape teacher is working towards being able to provide Pesticide certification. These teachers provide the training to their students that will enable them to pass the certifications tests.
14.	<div style="border: 1px solid black; padding: 2px;"><b>Recidivism Reduction Strategies:</b></div> <p>Are the Recidivism Reduction Strategies programs issuing trade certifications and/or National Center for Construction Education and Research (NCCER) certifications?</p>	<b>N/A</b>	There is no longer a separate tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education operations funding process.

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

15.	<b>National Center for Construction Education and Research:</b>	Yes	
	Are all the National Center for Construction Education and Research (NCCER) accreditation guidelines for Standardized Training being used?		
16.	Are the Building Construction Trades using the Contren Learning Series text books as the primary classroom text book?	Yes	
17.	Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades?	Yes	The teachers indicated they currently have supplies and resources but several programs are running low in materials.
18.	Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?	Yes	
19.	Are all of the craft instructors maintaining and conducting record keeping as outlined in the National Center for Construction Education and Research Accreditation Guidelines?	Yes	
20.	Are all of the instructors maintaining the confidentiality and maintain restricted access to inmate social security numbers used on the National Center for Construction Education and Research Form 200's?	Yes	
21.	Are all of the written National Center for Construction Education and Research tests, National Center for Construction Education and Research test CD-ROMs and National Center for Construction Education and Research answer keys maintained in a secure locked location with an inventory of the tests on hand?	Yes	
22.	Are all of the students evaluated based on a 70% minimum passing score on National Center for Construction Education and Research written examinations?	Yes	
23.	Are those students that fail a National Center for Construction Education and Research written test or practical exam required to wait a minimum of 48 hours prior to being retested?	Yes	

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

24.	Are 90% or more of the students completing the first six National Center for Construction Education and Research CORE Modules prior to starting the Level 1 for the trade?	Yes	
25.	Are all National Center for Construction Education and Research performance evaluations conducted for each module and a record of the Performance Profile Sheet maintained?	Yes	
26.	Upon successful completion of the National Center for Construction Education and Research written and performance evaluation, is the instructor documenting and submitting the Form 200 to the Unit Training Representative (UTR) for signature and forwarding to Office of Correctional Education within 60 days?	Yes	All the teachers indicated that there is a delay in receiving the return completion for the inmate. This is an issue for the Office of Correctional Education to assist in resolving.
27.	Are all of the instructors accepting National Center for Construction Education and Research Modules and Completion Certifications issued prior to students being assigned to the vocational class?	Yes	
28.	<div style="border: 1px solid black; padding: 2px;"><b>Test of Adult Basic Education Testing</b></div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	No	The teachers indicated that they were usually able to test their students within ten days of initial entry to the class. However there was a delay of a couple of months due to the suspension of testing within the institution. Testing has now resumed and the teachers are in the process of catching up on overdue testing
29.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	
30.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level appropriate Test of Adult Basic Education test to administer?	Yes	

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

31.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	<b>Yes</b>	The teachers review the pre- or post-test results with the students and ask the student to initial the subtest when reviewed. However, the test coordinator does not give the teacher a pre-post subtest that provides the comparison date between the pre and the post test. The teachers only receive a pre- or a post-test result.
32.	Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and trouble shooting Test of Adult Basic Education score losses in their classes?	<b>Yes</b>	The teachers are using the test results to determine instruction they provide and to clarify what was the reason when there is a score loss.
33.	Are current Test of Adult Basic Education subtests placed in student's file?	<b>Yes</b>	The teachers do although they only received either a post-or a pre- subtest for the current test.
34.	<div style="border: 1px solid black; padding: 2px;"><b>Gender Responsive Strategies:</b></div> Do all or more of the Gender Responsive Strategies (GRS) vocational classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum, i.e. Cosmetology, Mill & Cabinet, Cable Technician, etc.?	<b>N/A</b>	This item applies only to institutions housing females.
35.	Do all or more of the vocational classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	<b>N/A</b>	This item applies only to institutions housing females.
36.	<div style="border: 1px solid black; padding: 2px;"><b>Security and Order:</b></div> Are personal alarms issued by the institution to instructors and do they wear a whistle and the personal alarms on their person?	<b>Yes</b>	
37.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	<b>Yes</b>	
38.	Is there an Inmate Safety Committee that conducts and records weekly safety inspections?	<b>Yes</b>	
39.	Is at least one hour per month of safety meetings being held and documented?	<b>Yes</b>	

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

40.	<b>Trade Advisory Committee:</b> Does the instructor have a documented Trade Advisory Committee that meets at least quarterly?	Yes	All of the teachers have Trade Advisory Committee meetings and members but are not always able to hold or attend a quarterly meeting. It is difficult for members to attend meeting in the institutions and teachers can not close classes to attend meetings. The teachers are very pro-active and are to be commended for an excellent job in bringing in guest speakers, contacting member via the telephone and attending meeting on their own time.
41.	<b>Job Market Analysis:</b> Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file?	Yes	
42.	<b>Apprenticeship:</b> Is there an active Apprenticeship Training Program?	N/A	
43.	If there is an active Apprenticeship Training Program, do inmates meet apprenticeship requirements and receive pay?	N/A	
44.	Does the instructor have a documented active Joint Apprenticeship Committee that meets at least quarterly within the institution?	N/A	
45.	<b>Employee and Community Services Programs.</b> If vocational education programs are participating in Employee Services Programs, are they meeting Department Operation Manual and Penal Code requirements?	Yes	
46.	If vocational education programs are participating in community service projects, are they meeting Department Operation Manual requirements?	Yes	

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

NO .	INSTITUTION: SATF DATE: October 26-30, 2009 COMPLIANCE TEAM: Raul Romero	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;"><b>Library Staffing:</b></div> <ul style="list-style-type: none"> <li>Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff?</li> <li>Does the Senior Librarian implement/plan the library program?</li> </ul>	Yes	
2.	<div style="border: 1px solid black; padding: 2px;"><b>Department Operations Manual and Department Operations Manual Supplement:</b></div> <ul style="list-style-type: none"> <li>Is the current Department Operations Manual, Section 101120, available in the main libraries and satellite libraries?</li> <li>Is there a Department Operations Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operations Manual supplement reflect the current, actual local library program?</li> </ul>	Yes	It is recommended that the electronic copies of the DOM and Title 15 be put on all Law Library Electronic Data System computers. The "read only" copies can be loaded into the computers using an electronic copy via a flash drive and the free Department approved Adobe Reader software.
3.	<div style="border: 1px solid black; padding: 2px;"><b>General Population (GP) Access Hours:</b></div> <ul style="list-style-type: none"> <li>Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours?</li> <li>Do General Population inmates have regular access to non-legal library services?</li> </ul>	Yes	
4.	<div style="border: 1px solid black; padding: 2px;"><b>General Population/Law Library Documentation:</b></div> <ul style="list-style-type: none"> <li>Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use?</li> <li>Is there a list showing inmates who request legal access, and those who received access?</li> </ul>	Yes	



# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

5.	<b>Restricted Housing Status Inmate Access:</b> <ul style="list-style-type: none"> <li>• If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library?</li> <li>• Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request?</li> </ul>	Yes	
6.	<b>Restricted Housing Status Non-Legal Library Services:</b> <p>Do Restricted Housing inmates receive general library services?</p>	Yes	
7.	<b>Library Expenditures:</b> <ul style="list-style-type: none"> <li>• Are library funds spent for magazines/ newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees?</li> <li>• If other items are purchased, are they for library use?</li> </ul>	Yes	
8.	<b>Inmate Welfare Funds (IWF) Expenditure:</b> <p>Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?</p>	Yes	
9.	<b>Law Library Expenditure:</b> <ul style="list-style-type: none"> <li>• Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room?</li> <li>• Are the Stock Received Reports completed and submitted to the Regional Accounting Office?</li> </ul>	Yes	

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

10.	<ul style="list-style-type: none"> <li>Are all received mandated law books and discs made available to inmates in a timely manner?</li> <li>Are the discs timely loaded on the Law Library Electronic Data System computer?</li> <li>Are the law books shelved promptly?</li> </ul>	Yes	It is recommended that additional Law Library Electronic Data System computers be added when funds are available.
11.	<ul style="list-style-type: none"> <li>Are law library discs checked in by the Associate Information Specialist Analyst?</li> <li>If not, who checks them?</li> </ul>	Yes	
12.	Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?	Yes	
13.	<b>Library Book Stock - Quality, Part I:</b> <ul style="list-style-type: none"> <li>Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five years?)</li> <li>Does the library program have at least three directories relevant to the questions asked by the population served?</li> </ul>	No	There is not at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five). The State budget deficit has prevented the purchase of updated books. Fiscal Year 09/10 funds are now available for the SATF Law Libraries. The Senior Librarian will submit new purchase orders for approval.
14.	<b>Library Book Stock - Quality, Part II:</b> <p>Does each library in the institution have a current world almanac, an atlas that is no more than three years old, an English language dictionary that is no more than five years old, and a Spanish and English dictionary that is no more than ten years old?</p>	Yes	
15.	<b>Library Book Stock - Quality, Part III:</b> <ul style="list-style-type: none"> <li>Does each library regularly inspect the physical condition of their books?</li> <li>Does the library program have a book repair procedure?</li> </ul>	Yes	

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

16.	<div style="border: 1px solid black; padding: 2px;"><b>Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity:</b></div> <p>Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (including Spanish language) and Native American materials?</p>	Yes	
17.	<div style="border: 1px solid black; padding: 2px;"><b>Library Book Stock - User Orientation:</b></div> <ul style="list-style-type: none"> <li>• Are book collections designed to meet the needs and interests of the inmate population served?</li> <li>• Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box?</li> </ul>	Yes	
18.	<div style="border: 1px solid black; padding: 2px;"><b>Library Book Stock - Quantity: (Department Operations Manual Book Augmentation)</b></div> <ul style="list-style-type: none"> <li>• Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation?</li> <li>• <del>Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding?</del></li> </ul>	No	<p>The SATF library collection does not contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation. The lack of funds due to the State budget deficit and lack of library shelving space have prevented SATF from meeting this requirement. The Senior Librarian continuously seeks used book donations. Lack of funding and space is a common problem with the majority of California Department of Corrections and Rehabilitation prison libraries.</p>

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

19.	Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked?	N/A	There is no longer a separate tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/20010 fiscal year and absorbed into the general education operations funding process.
20.	<b>Book Access:</b> <ul style="list-style-type: none"> <li>Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter?</li> <li>Can inmates request books that are not in the library collection?</li> </ul>	Yes	
21.	<b>Circulation:</b> <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p>	Yes	It is recommended that electronic book check-out and tracking systems be purchased for the libraries when funds are available.
22.	<b>Mandated Law Library/California Code of Regulations, Department Operations Manual</b> <ul style="list-style-type: none"> <li>Are the Gilmore v. Lynch mandated law books up to date?</li> <li>Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish?</li> <li>Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operations Manual?</li> <li>Are all of the Law Library Electronic Data System computers up-to-date and operating in each library?</li> </ul>	Yes	It is recommended that secured intranet as well as the internet access be given to the Senior Librarian as well as the Librarians/Library Technical Assistants as the intranet/internet accessibility plans are implemented.
23.	<b>Law Library - American Disability Act (ADA):</b> <p>Are American Disability Act mandatory postings present in the library?</p>	Yes	

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

24.	<b>Circulating Law Library:</b> Is a procedure for accessing the Circulating Law Library in place?	Yes	
25.	<b>Court Deadlines:</b> Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?	Yes	
26.	<b>Law Library Forms and Supplies:</b> Do inmates have access to court-required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures?	Yes	
27.	<b>General Library Forms and Supplies:</b> Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution?	Yes	
28.	<b>Inmate Clerk Training:</b> <ul style="list-style-type: none"> <li>Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee?</li> <li>Do inmate clerks receive training on a regular basis in law library and general library processes?</li> </ul>	Yes	It is recommended that a computer for inmate clerk use be purchased for each of the libraries when funds are available.
29.	<b>Security and Order:</b> <ul style="list-style-type: none"> <li>Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms?</li> <li>Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan?</li> </ul>	Yes	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Mark Lechich</b>		<b>Yes/No or N/A</b>	<b>COMMENTS</b>
1.	<b>Duty Statement/Job Description/Credentials – Literacy Learning Lab</b>  Does the teacher have a current duty statement on file (within one year)?	N/A	
2.	Does the teacher have a valid credential on file?	N/A	
3.	<b>Security/Order – Literacy Learning Lab</b>  Are personal alarms issued by the institution to teaching staff and do they wear a whistle the personal alarms on their person?	N/A	
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	N/A	
5.	<b>Supervisory/Support – Literacy Learning Lab</b>  Does the teacher receive support from his/her supervisor and other educational staff?	N/A	
6.	Does the Vice Principal visit/observe the class? Does the Principal visit/observe the class? Does the teacher maintain a sign-in log?	N/A	
7.	<b>Inmate Enrollment – Literacy Learning Lab</b>  Does the teacher maintain a minimum enrollment of 27 students?	N/A	
8.	Do students receive direct/group instruction?	N/A	
9.	Is the Literacy Learning Lab a "self contained" program?	N/A	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Mark Lechich</b>		<b>Yes/No or N/A</b>	<b>COMMENTS</b>
10.	<b>Student Records/Testing Achievements – Literacy Learning Lab</b>  Does the teacher verify non-General Education Development or non-High School graduation of the student?	N/A	
11.	Does the teacher start a student record file upon the student entering the Literacy Learning Lab program?	N/A	
12.	Does each student have a current Test of Adult Basic Education score? <i><b>If not, do you refer the student for testing?</b></i>	N/A	
13.	Does the teacher assess student's basic skill level? <i><b>Describe</b></i>	N/A	
14.	Are at least 90% of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and accountability documents current, accurate and 100% of them secured?	N/A	
15.	Are the Student Files current (incl. Test of Adult Basic Education scores and any other assessment scores)? <i><b>Review</b></i>	N/A	
16.	Is there a current Student Job Description on file?	N/A	
17.	<b>Instructional Expectations – Literacy Learning Lab</b>  Does the teacher use the approved California Department of Corrections and Rehabilitation Competency Based Adult Basic Education curriculum?	N/A	
18.	Are differentiated instructional methods used? <i><b>Describe</b></i>	N/A	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Mark Lechich</b>	<b>Yes/No or N/A</b>	<b>COMMENTS</b>
19.	Do students track their own progress?	N/A	
20.	Do the students receive computer orientation? Is there continuous training? <b>Describe</b>	N/A	
21.	Does the teacher maintain course outlines and lesson plans? <b>Review files</b>	N/A	
22.	Does the teacher use alternative assessment instruments (besides the required Test of Adult Basic Education), to determine a student's instructional plan? <b>Describe</b>	N/A	
23.	Do students spend an average of six months of instructional time enrolled in the program?	N/A	
24.	<div style="border: 1px solid black; padding: 2px;"><b>Other Services – Literacy Learning Lab</b></div> Does the teacher refer students to other services, i.e. medical? <b>Describe the process</b>	N/A	
25.	Does the teacher provide the students career-related information?	N/A	
26.	Does the teacher have student aides? If so, how many and how are they used?	N/A	
27.	<div style="border: 1px solid black; padding: 2px;"><b>Training – Literacy Learning Lab</b></div> Has the teacher participated in conferences, workshops and seminars from July 1, 2008–June 30, 2009? If so, provide a list.	N/A	
28.	<div style="border: 1px solid black; padding: 2px;"><b>Expenses – Literacy Learning Lab</b></div> Are spending levels appropriate for material purchases and training to support program needs?	N/A	



# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Mark Lechich</b>		<b>Yes/No or N/A</b>	<b>COMMENTS</b>
29.	<b>Equipment – Literacy Learning Lab</b> Does the teacher maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? <b>Conduct an inventory</b>	N/A	
30.	Is the teacher's software appropriately maintained by PLATO's technical field staff? Does the teacher have all three educational software programs (PLATO, Reading Horizons, and Reading Plus) presently in service for his/her students?	N/A	
31.	Does the teacher register all new software purchases with the Associate Information Systems Analyst?	N/A	
32.	<b>Committees/Meetings – Literacy Learning Lab</b> How often does the teacher meet with the referral teacher for consultation on a student?	N/A	
33.	<b>CASAS/TOPSPRO Management Information System (MIS) Coordinator</b> Has the teacher been trained in the area of California Accountability and the TOPSPRO Management Information System to appropriately perform his duties as a Comprehensive Adult Student Assessment System Coordinator? When was the date of the last training? <b>Dates of last trainings</b>	Yes	Mr. Aguiniga attended the training in March, April, and October, 2009. SATF had the most Learning Gains (892) for the First Quarter Data Submission for Fiscal Year 2009 – 2010. He has done an outstanding job at SATF.

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Mark Lechich</b>		<b>Yes/No or N/A</b>	<b>COMMENTS</b>
34.	Does the teacher have an adequate amount of Comprehensive Adult Student Assessment System (CASAS) testing materials to implement CASAS? <i><b>Explain the CASAS testing procedures at your institution.</b></i>	<b>Yes</b>	SATF checks out test material to teachers maintaining a sign-out and sign-in log for all testing material. The Supervisor of Academic Instruction is responsible for the check-in and check-out process for each education yard.
35.	Are the Comprehensive Adult Student Assessment System testing materials appropriately inventoried and secured?	<b>Yes</b>	All books are inventoried and locked in a storage closet inside of the locked Testing Office and on yards.
36.	Is the teacher using the latest version of the TOPSpro Management Information System software?	<b>Yes</b>	TOPSpro 5.0 Build 64.
37.	Is the hardware equipment (Scantron machine) and software (TOPSpro Management Information System) used to implement Comprehensive Adult Student Assessment System appropriately maintained?	<b>Yes</b>	Both the computer and scanner 2800 work well.
38.	Does the teacher provide each regular teacher with a Student Performance by Competency Report to assist them in preparing lesson plans?	<b>Yes</b>	Coordinator provides both the Student Performance Report, and the Students Performance by Class Reports.
39.	Does the teacher know how to generate the California Payment Point Report? Can the teacher generate a Preliminary Payment Point Report?	<b>Yes</b>	Coordinator checks report after all scanning sessions. Payment Point (PP) by totals is shared with all the staff members. Preliminary PP Reports show total PP if data has not been completely clean. Coordinator uses the information to clean up data.

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Mark Lechich</b>		<b>Yes/No or N/A</b>	<b>COMMENTS</b>
40	Are the appropriate students receiving and completing the Core Performance Surveys? <i><b>Explain the process in place to ensure that students are receiving the surveys.</b></i>	<b>Yes</b>	Mr. Aguiniga checks to see if ex-student is still at SATF. If the person is still at the institution he locates him and delivers survey to him for completion.
41.	Can the teacher generate an up-to-date list of students that will be receiving the Core Performance Survey for the past quarter?	<b>Yes</b>	When Mr. Aguiniga ran the Core Performance Survey TOPSpro showed "No Student Qualified" message.
42.	Can the teacher generate a Data Integrity site review?	<b>Yes</b>	This report is utilized for cleaning data.
43.	Can the teacher generate a Student Gains by Class Report? Can the teacher produce five student Entry/Update records and Pre/Post Test records? (Check reports with Student Gains by Class Report and Student Lister. Dates, testing books, and scores should match between records)	<b>Yes</b>	Mr. Aguiniga generated the Student Gains by Class Report. All test records are filed and saved in the Testing Office. All dates and learning gains matched

# COMPLIANCE REVIEW FINDINGS

## Disability Placement Program

No.	<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Sarita Mehtani</b>	YES/NO or N/A	COMMENTS
	<b>Administration:</b> 1. Does the Disability Placement Program teacher report to and is under the Principal's supervision (via Vice-Principal) in accordance with California Department of Corrections and Rehabilitation policy?	Yes	
	2. Does the Disability Placement Program teacher perform the required duties as described in the September 30, 1999, memo from former California Department of Corrections and Rehabilitation Director David Tristan?	Yes	
	<b>Education Programs:</b> 3. Does the Disability Placement Program teacher maintain a current Disability Placement Program roster and up to date documentation of education services provided to inmates assigned to education department programs?	Yes	
	4. Is the Disability Placement Program Teacher included in committee actions, counselor/medical contact, and as a teacher resource for actions related to Disability Placement Program inmates assigned to education department programs?	Yes	
	<b>Library/Law Library:</b> 5. Is the Disability Placement Program equipment/material available and on site for Disability Placement Program students/Disability Placement Program inmate library use as described on Section H, page 11 of the <u>Armstrong vs. Davis Remedial Plan</u> ?	Yes	
	6. Does the library provide services that include accessibility, alternative materials and forms for Disability Placement Program inmates?	Yes	

# COMPLIANCE REVIEW FINDINGS

## DEVELOPMENTAL DISABILITY PROGRAM (DDP)

No.	<b>INSTITUTION: SATF</b> <b>DATE: October 26-30, 2009</b> <b>COMPLIANCE TEAM: Sarita Mehtani</b>	Yes/No or N/A	<b>COMMENTS</b>
1.	<b>Administration:</b>	<b>Yes</b>	
	Are all Developmental Disability Program staff hired and in place?		
2.	Are all Developmentally Disabled Program staff appropriately assigned and under the supervision of the Principal (via Vice Principal) in accordance with California Department of Corrections and Rehabilitation policy?	<b>Yes</b>	
3.	Do all Developmentally Disabled Program education and library staff perform the required duties (Duty Statement) as described in the Clark remedial Plan?	<b>Yes</b>	
4.	Has all education staff received training in performing the required duties as described in the Clark Remedial Plan?	<b>Yes</b>	
5.	Are inmate academic assignments being made in accordance with the Clark Remedial Plan?	<b>Yes</b>	
6.	Are inmate vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course description and an inmate's ability to perform the essential functions of the assignment as described in the Clark Remedial Plan?	<b>Yes</b>	
7.	<b>Developmentally Disabled Program Staff; Academic and Vocational Programs:</b>	<b>Yes</b>	
	Is the Developmentally Disabled Program Teacher participating in the Interdisciplinary Support Team (IDST)/Initial Classification Committee (ICC)/Unit Classification Committee (UCC) meetings?		
8.	Does the Developmentally Disabled Program Teacher have a current roster of all Developmentally Disabled Program inmates assigned to academic and vocational education programs?	<b>Yes</b>	

# COMPLIANCE REVIEW FINDINGS

## DEVELOPMENTAL DISABILITY PROGRAM (DDP)

9.	Are all of the required assessments completed within the timelines as outlined in the Clark Remedial Plan?	<b>Yes</b>	However, due to institutional issues, the Test of Adult Basic Education and Comprehensive Adult Student Assessment System tests are delayed.
10.	Is there a current Individually Tailored Education Plan (ITEP) for inmates assigned to education receiving education services from the Developmentally Disabled Program Teacher?	<b>Yes</b>	
11.	Is there documentation of education services provided to assigned Developmentally Disabled Program inmates?	<b>Yes</b>	
12.	Does the Developmentally Disabled Program Teacher hold Student Study Team (SST) meetings with the regular classroom teacher, Education Supervisor and inmate?	<b>Yes</b>	
13.	<b>Library/Law Library Developmentally Disabled Program Library Technical Assistant:</b>	<b>Yes</b>	
	Is orientation provided to all Developmentally Disabled Program inmates regarding the Law Library and other library services?		
14.	Is there documentation available on services provided to Developmentally Disability inmates on California Department of Corrections and Rehabilitation Form 128B, Library Log, etc.?	<b>Yes</b>	
15.	Is reasonable access to forms, regulations and procedures in the available in the Library?	<b>Yes</b>	
16.	Is equipment and materials available for inmates with a disability as described "Library Access" of the Clark Remedial Plan?	<b>Yes</b>	
17.	Are alternative materials available in the library?	<b>Yes</b>	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

ARMSTRONG  
SELF  
MONITORING  
EVALUATION

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND  
STATE PRISON

OCTOBER 19 THROUGH OCTOBER 30, 2009



CONDUCTED BY

## ARMSTONG BRANCH



# Memorandum

Date : November 3, 2009

To : Kathleen Allison, California Substance Abuse Treatment Facility/State Prison  
Gail Martinez, California Substance Abuse Treatment Facility/State Prison  
Joseph Prud'homme, California Substance Abuse Treatment Facility/State Prison

Subject : **CORRECTIVE ACTION PLAN FOR DISABILITY PLACEMENT PROGRAM SELF-MONITORING EVALUATION**

The Office of Court Compliance (OCC) staff has completed their review of your first quarterly Corrective Action Plan (CAP) relative to the Self-Monitoring Evaluation conducted at your institution on August 17-21, 2009.

Your attached CAP addresses areas that were found not to be in compliance with the Armstrong Remedial Plan and those that have been corrected. All aspects of your CAP have been deemed satisfactory, if implemented. The areas that are now in compliance may be deleted from the next quarterly CAP. The status of the remaining outstanding issues will be verified, updated and submitted in the form of a quarterly CAP due to the OCC until all CAP issues have been remedied. The next quarterly CAP will be due on January 15, 2010.

Should you have any questions or concerns, you may contact Julian Martinez, Correctional Administrator, OCC, at (916) 323-4297, or Wanda Coleman-Boult, Correctional Counselor II, at (916) 322-3830.



C. SCOTT HARRIS, Jr.  
Director  
Office of Court Compliance

Attachment

cc: W. J. Sullivan  
Gabriela Meleszewski  
Julian Martinez  
Dorothy Smith  
Rick Wells  
Michael Hallman  
Albert Chamberlin

**CSATF/SP**  
**DPP Self Monitoring Evaluation**  
**BASELINE - Corrective Action Plan**  
**August 17 - 21, 2009**

ADA Coordinator: Joseph Prud'homme

Date: 10/26/09

SME Item Number	Results of DPP SME Areas under 85%	Action Required By Whom	SUMMARY OF PROPOSED ACTION	Projected Completion Date	Status update of proposed action	Completed Date Verification and Proof of Practice
<b>D. DPP Process Verification</b>						
9	<i>Does the Classification Committee consider the inmate's limitations as documented in the CDC Form 128C or CDC 7410 when considering program assignments?</i>	C&PR	TRAINING (All ICC Chairpersons, UCC Chairpersons, CC-III's, CC-II's, CC-I's, Acting Facility Captains). It shall be the ultimate responsibility of the Classification Committee Chairperson to ensure current work limitations are addressed, for all mobility impaired inmates, and documented in the classification chrono whenever an inmate's work assignment is evaluated. An audit shall be conducted by the ADA Coordinator of CDC 128Gs to ensure work limitations are being addressed in classification chronos for mobility impaired inmates whose job assignments were evaluated by the classification committee.	January 4, 2010		
14	<i>Does the CDC Form 1515 (Rev 05/01) document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the LD and TABE 4.0 or Lower lists?</i>	C&PR	TRAINING (All CC-III's, CC-II's, CC-I's, Assistant C&PRs). It shall be the responsibility of the Supervising CCII to review and initial all CDC Form 1515s, prior to submission to the C&PR, to ensure effective communication is adequately documented. The C&PR shall not accept any CDC 1515 that has not been reviewed by an appropriate supervisor. An audit shall be conducted by the ADA Coordinator of CDC 1515s to ensure supervisors are reviewing and initialing CDC 1515s, and that effective communication is documented for vision, hearing and speech disabled inmates, as well as inmates on the LD and TABE 4.0 or Lower Lists.	January 4, 2010		
<b>F. APPEALS</b>						
9	<i>Are temporary (interim) accommodations granted when appropriate?</i>	ADA Coordinator	TRAINING (ADA AGPA, ADA CC-IIs, Medical Appeals Analysts, All staff who investigate or approve CDC 1824s). The ADA staff shall not approve any CDC 1824 unless interim accommodations have been addressed. All CDC 1824s shall either state that interim accommodations were unnecessary, or staff shall appropriately document what interim accommodations were provided. An audit shall be conducted by the ADA Coordinator to ensure staff are documenting that either interim accommodations were unnecessary, or specifying what interim accommodations were provided.	January 4, 2010		

**CSATF/SP**  
**DPP Self Monitoring Evaluation**  
**BASELINE - Corrective Action Plan**  
**August 17 - 21, 2009**

SME Item Number	Results of DPP SME Areas under 85%	Action Required By Whom	SUMMARY OF PROPOSED ACTION	Projected Completion Date	Status update of proposed action	Completed Date Verification and Proof of Practice
11	Are the CDC 1824s returned to the appellant within specified time frames?					
(c)	1st Level Medical	Health Care Manager	The institution shall review the possibility of adding additional temporary staff to assist with responding to medical CDC 1824s. The Health Care Manager shall also ensure that all completed 1824s are expeditiously reviewed and signed. An audit shall be conducted by the ADA Coordinator to ensure 1st Level CDC 1824s are being responded to within the specified time frames.	January 4, 2010		
(d)	2nd Level Medical	Health Care Manager	The institution shall review the possibility of adding additional temporary staff to assist with responding to medical CDC 1824s. The Health Care Manager shall also ensure that all completed 1824s are expeditiously reviewed and signed. An audit shall be conducted by the ADA Coordinator to ensure 2nd Level CDC 1824s are being responded to within the specified time frames.	January 4, 2010		
13	If the appeal issue involved a major life activity, safety, effective communication for due process or medical, or otherwise meets the criteria outlined in CCR 3084.7a, was it processed as an emergency appeal? (waived 1st Level and 2nd Level completed in 5 working days)	ADA Coordinator	TRAINING (ADA AGPA and ADA Appeals Coordinator CC-II). The ADA AGPA and ADA Appeals Coordinator CCII shall consult with the ADA Coordinator in making determinations as to whether an appeal should be processed as a emergency. An audit shall be conducted by the ADA Coordinator to ensure that CDC 1824s meeting the criterion for emergency processing are being processed as emergency appeals.	January 4, 2010		
<b>H. EFFECTIVE COMMUNICATION</b>						
7	Is effective communication documented for inmates with vision, hearing and speech disabilities and inmates on LD and TABE 4.0 or Lower Lists on the following due process documents: Notice of Classification Hearing (CDC 128-B-1), Classification Chronos (CDC 128-G), Rule Violation Reports (CDC 115), Initial, hearing disposition and final copy (issuance), Investigative Employee Reports and Administrative Segregation Placement (CDC 114-D)? (ARP II.E.2 AND Eff. Comm. Memo Revised, dated October 22, 2003).					

**CSATF/SP**  
**DPP Self Monitoring Evaluation**  
**BASELINE - Corrective Action Plan**  
**August 17 - 21, 2009**


SME Item Number	Results of DPP SME Areas under 85%	Action Required By Whom	SUMMARY OF PROPOSED ACTION	Projected Completion Date	Status update of proposed action	Completed Date Verification and Proof of Practice
(b)	Notice of Classification Hearing (CDC 128B-1)	C&PR	TRAINING (All ICC Chairpersons, UCC Chairpersons, CC-III's, CC-II's, CC-I's, Acting Facility Captains). It shall be the ultimate responsibility of the Classification Committee Chairperson to ensure that the CDC 128B-1 has been appropriately completed during the classification committee hearing. An audit shall be conducted by the ADA Coordinator of CDC 128B-1s to ensure staff are documenting effective communication for vision, hearing and speech disabled inmates, as well as inmates on the LD and TABE 4.0 or Lower Lists.	January 4, 2010		
(c)	Administrative Segregation Unit Placement Notices (CDC 114-D)	Division Head	TRAINING (All ICC Chairpersons, Facility and Correctional Captains, Lieutenants, CC-III's, CC-II's). It shall be the ultimate responsibility of the Classification Committee Chairperson to ensure that effective communication has been appropriately documented on the CDC 114-D. CSATF-SP will implement local Forms for effective communication. An audit shall be conducted by the ADA Coordinator of CDC 114-Ds to ensure staff are documenting effective communication for vision, hearing and speech disabled inmates, as well as inmates on the LD and TABE 4.0 or Lower Lists.	January 4, 2010		
(d)	Rule Violation Report (CDC 115)	Division Head CDO	TRAINING (All CDOs, Facility Captains, Lieutenants, Sergeants, Disciplinary Officers, Search and Escort Officers responsible for Issuance of CDC-115's.) It shall be the ultimate responsibility of the CDO to ensure that effective communication has been documented for issuance, hearing and final copy portions of the RVR process. CSATF-SP will implement local Forms for effective communication. An audit shall be conducted by the ADA Coordinator of CDC 115s to ensure staff are documenting effective communication for vision, hearing and speech disabled inmates, as well as inmates on the LD and TABE 4.0 or Lower Lists.	January 4, 2010		

**CSATF/SP**  
**DPP Self Monitoring Evaluation**  
**BASELINE - Corrective Action Plan**  
**August 17 - 21, 2009**

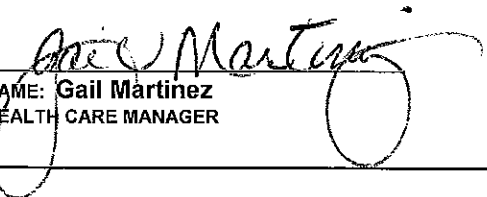
SME Item Number	Results of DPP SME Areas under 85%	Action Required By Whom	SUMMARY OF PROPOSED ACTION	Projected Completion Date	Status update of proposed action	Completed Date Verification and Proof of Practice
8	Are health care providers documenting effective communication for clinical encounters with DPH, DPV, DPS and inmates on the LD and TABE 4.0 or Lower Lists?					
(a)	Medical Progress Notes?	Health Care Manager	TRAINING (Chief Medical Officer, Chief Physician and Surgeon, Primary Care Physicians, Nurse Practitioners, Physicians Assistants, Supervising Registered Nurses, Registered Nurses and Licensed Vocational Nurses). It shall be the responsibility of supervising medical staff to monitor the documentation of effective communication in the Unit Health Record. The supervising staff shall note any deficiencies, and provide this information to the Health Care Manager on a monthly basis. The Health Care Manager shall take appropriate action for the deficiencies identified. An audit shall be conducted by the ADA Coordinator of Medical Progress Notes to ensure staff are documenting effective communication for vision, hearing and speech disabled inmates, as well as inmates on the LD and TABE 4.0 or Lower Lists.	January 4, 2010		
(b)	Mental Health Progress Notes?	Health Care Manager	TRAINING (Chief Mental Health, Chief Psychiatrist, Chief Psychologist, all Mental Health Clinicians). It shall be the responsibility of supervising Mental Health staff to monitor the documentation of effective communication in the Unit Health Record. The supervising staff shall note any deficiencies, and provide this information to the Health Care Manager on a monthly basis. The Health Care Manager shall take appropriate action for the deficiencies identified. An audit shall be conducted by the ADA Coordinator of Mental Health Progress Notes to ensure staff are documenting effective communication for vision, hearing and speech disabled inmates, as well as inmates on the LD and TABE 4.0 or Lower Lists.	January 4, 2010		

**CSATF/SP**  
**DPP Self Monitoring Evaluation**  
**BASELINE - Corrective Action Plan**  
**August 17 - 21, 2009**

SME Item Number	Results of DPP SME Areas under 85%	Action Required By Whom	SUMMARY OF PROPOSED ACTION	Projected Completion Date	Status update of proposed action	Completed Date Verification and Proof of Practice
(c)	Dental Progress Notes?	Health Care Manager	TRAINING (Chief Dental Officer, Dentists, Registered Dental Assistants). It shall be the responsibility of supervising Dental staff to monitor the documentation of effective communication in the Unit Health Record. The supervising staff shall note any deficiencies, and provide this information to the Health Care Manager on a monthly basis. An audit shall be conducted by the ADA Coordinator of Dental Progress Notes to ensure staff are documenting effective communication for vision, hearing and speech disabled inmates, as well as inmates on the LD and TABE 4.0 or Lower Lists.	January 4, 2010		



NAME: **Kathleen Allison**  
WARDEN



NAME: **Gail Martinez**  
HEALTH CARE MANAGER

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

INMATE  
APPEALS

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND  
STATE PRISON

OCTOBER 19 THROUGH OCTOBER 30, 2009



CONDUCTED BY

INMATE APPEALS BRANCH

# **INMATE APPEALS AUDIT EXECUTIVE SUMMARY**

## ***California Substance Abuse Treatment Facility and State Prison at Corcoran***

**October 26, 2009-October 30, 2009**

This Executive Summary provides the area and a brief description of the findings of the Inmate Appeals Audit. Complete details will be provided in the Final Report. The findings have been discussed with the Appeals Office staff.

The findings in this Inmate Appeals Audit resulted in an overall score of 95. All areas and their results are listed below.

<b>OVERALL RATING</b>	<b>95</b>
A. ACCESS TO INMATE APPEALS	95
B. TRACKING/FILING APPEALS	100
C. PREPARATION OF APPEALS	92
D. TIMEFRAMES	97
E. APPEAL RESPONSES	97
F. SPECIALIZED PROCESSING OF APPEALS	100
G. TRAINING and OFFICE STAFFING	80
H. CURRENT OVERDUE APPEALS	100



Corrective Action areas are:

**A. Access To The Appeals Process**

1. Do the law libraries, general population, and special housing units have the appropriate forms available on request for the inmate, pursuant to [CCR 3084.1(c).
  - The low score in this area is due to two law libraries not having 602 forms.
2. Does the institution provide inmate access to the Departmental Operation Manual Section 54100, in each inmate law library. Pursuant to DOM section 101102.11,54100.3.
  - The low score in this area is due to the law library not having current DOMS.

**C. Preparation of Appeals**

5. Do the dates on the appeal correspond with the dates on the IATS?

The low score in this section is due to 602s not having a received stamp to coordinate with the IATS received dates.

  - Pursuant to DOM 54100.9 the dates on the appeal will correspond with the dates on the IATS.
6. A review of the appeals should indicate they are complete, all dates included, and signatures included (all blanks filled in appropriately) on the CDC Form 602.

The lower score in this question is the result of dates missing on the Informal, First and Second Level Appeals. Some of the appeals were missing the "Returned to inmate date," the "Assigned date," "Staff signature," and "Due date," on the appeal forms.

- Pursuant to DOM 54100.3 all blanks are to be filled in appropriately on the CDC Form 602

#### D. Timeframes

2. The low score in this section is due to the “Returned date” not being filled in on the 602s. Therefore, Auditors were unable to determine if Appeals were completed within the timeframes. Pursuant to CCR 3084.6(b)(1) all Informal Responses are to be completed within ten working days
3. The low score in the area is due to the 602 not having a “Completed/Returned” to inmate date to determine if the appeal was overdue or not.
  - Pursuant to CCR 3084.6(b)(2) all First Level Responses are to be completed within 30 working days.
4. The low score in this area is due to 602s not having a “Completed/Returned to inmate date” to determine if appeal was overdue or not.
  - Pursuant to CCR 3084.6(b)(3) Second Level Responses are to be completed within 20 working days, or 30 working days if First Level is waived pursuant to Section 3084.5.(c).

#### E. Appeal Responses

1. The low score in this area is due to the First Level Responses not stating the appeal issue.
  - Pursuant to CCR 3084.5(g) and DOM 54100.15, the institution is to prepare a written response stating the appeal issue on all Appeals.
2. The low score in this area is due to First Level Reviews on Classifications, Case Records, Staff Complaints, and Funds appeals, not restating the reason for the specific decisions being rendered. Specifically, the First Level Responses contained only the CCR Section without demonstrating a nexus to the allegation.
  - Pursuant to CCR 3084.5(g) and DOM 54100.15 the institution is to prepare a written response at the First Level of Review stating the appeal issue and the basis for the decision.
3. The low score in this area is due to Second Level Reviews on Classifications, Case Records, Staff Complaints, and Funds appeals, not restating the reason for the specific decisions being rendered. Specifically, the First Level Review contained only the CCR Section without demonstrating a nexus to the allegation.
  - Pursuant to CCR 3084.5(g) and DOM 54100.15 the institution is to prepare a written response at the First Level of Review stating the basis for the decision.

**G. Training/Office Staffing**

1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) staff to ensure that training on the Appeal Procedures is carried out pursuant to DOM 54100.3.
  - The low score in this area is due to at the time of the audit there was no evidence that the Appeals Coordinator worked with the IST staff. As of October 28, 2009 the Appeal Coordinator and the IST staff are now working together to ensure training on the Appeals Procedures are carried out.
2. Is there evidence that the Inmate Appeals Process Training is provided to new supervisors during Supervisor's Orientation, pursuant to DOM 32010.10.2.

The low score in this area is due to Supervisor's Orientation Training not being provided for all new supervisors. Specially, 18 supervisors have not received the Inmate Appeal Process Orientation Training.

## INMATE APPEALS AUDIT

### California Substance Abuse Treatment Facility and State Prison at Corcoran

**October 26, 2009- October 30, 2009**

**Reviewer:** S. Wright, Facility Captain, Inmate Appeals Branch  
D. Artis, Facility Captain, Inmate Appeals Branch

### SUMMARY CHART

AREA REVIEWED	RATING	95
	Percentage	Page No.
<b>OVERALL RATING</b>	<b>95%</b>	1
A. ACCESS TO INMATE APPEALS	<b>95%</b>	4
B. TRACKING/FILING APPEALS	<b>100%</b>	5
C. PREPARATION OF APPEALS	<b>92%</b>	7
D. TIMEFRAMES	<b>97%</b>	9
E. APPEAL RESPONSES	<b>97%</b>	10
F. SPECIALIZED PROCESSING OF APPEALS	<b>100%</b>	11
G. TRAINING and OFFICE STAFFING	<b>80%</b>	13
H. OVERDUE APPEALS	<b>100%</b>	14

## **INMATE APPEALS BRANCH AUDIT INSTRUMENT**

### **GENERAL INSTRUCTIONS**

The Auditors will examine the previous year's results (if applicable) and become familiar with any previous compliance issues. Further, the auditor is responsible to meet with the institution staff during the week and inform them of any significant compliance issues. The exit briefing arrangements will be coordinated via administrative staff at the institution.

Upon arrival in the Inmate Appeals Office, the auditors will request the staff to produce the current overdue list from the automated Inmate Appeals Tracking System (IATS). The overdue rate will be calculated from the random sample of selected appeals. The percentage of compliance will be calculated from the sample of appeals and will reflect the percent of those appeals that were completed within Department time frames. In addition, the office staff will be asked to produce a modification order tracking printout and to explain the modification order procedures. The auditors will also look at the overdue appeal notification and follow-through procedures. While in the Appeals Office, the auditors will observe the overall operations of the office, including the procedures for processing the appeals from arrival to assignment and completion, to confirm that staff are following written procedures in the performance of their daily job responsibilities

A selection of approximately 100 inmate appeal files (when feasible – if not, select an even number of files, i.e., 80 or 90) will be selected by the auditors or the Appeals Coordinator to ensure a variety of categories and level of responses are chosen. A breakdown of the number of files in different categories will be as follows:

20 Disciplinary Appeals (or 20% of total files selected)

15 Americans With Disabilities Act (ADA) Appeals (or 10% of total files selected)

25 Staff Complaint Appeals (or 25% of total files selected)

40 Random Categories (transfers, custody classification, property, living conditions, program, 5 group appeals, 5 multiple appeals) or 40% of total files selected)

Appeals will only be selected that originated at this institution. Staff will be asked to provide a printout to include the appeal files selected by the auditors, to compare the IATS dates with the dates on the appeal. The auditors shall ensure appeal files are complete and have all supplemental documents referred to in the file. Timeframe requirements will be reviewed for compliance. Appeals will also be reviewed to ensure responses to the appellant include the appeal issue and reasons for the appeal decision.

The auditors will arrange with the Appeals Coordinator to inspect the institutional libraries, general housing units, and special housing units to ensure that the appropriate forms and reference materials are available to the inmate population (CDC Form 602s, CDC Form 1824s, CCR, DOM). While visiting the housing units, be sure to inquire regarding inmate orientation. The Inmate Appeals Process must be provided to the inmates in written and verbal form. The auditors will observe the housing unit appeal procedures while researching the availability of forms in the facilities. The auditors will also interview staff and approximately 10 inmates to inquire as to the appeals process and its effectiveness.

## Inmate Appeals Branch Audit Instrument

The In-Service Training program will be reviewed to determine if there is an updated lesson plan and regularly scheduled appeals training.

Audit ratings consist of eight different areas. Each area has identified questions that determine compliance ratings. Specific questions are rated by two different methods as follows:

1. By counting the number of specific items and determining the percent of compliance (i.e., # 50 # OK 42 = 84% [42 divided by 50]).
2. If the question is a yes/no question, it is rated either 100% if yes or 0% if no.

Each question has been assigned a numerical rating. The numerical value for each section will total 100 with this value divided between the area's questions. The compliance rating for each area is calculated by multiplying each question's compliance percentage by the numerical priority value. The adjusted compliance points for each question are then totaled to arrive at an overall point total for each area. Once all eight areas are totaled, they are divided by eight to arrive at an overall audit rating for the institution. The auditors will complete a final report and an executive summary prior to the scheduled exit with the Warden and management team. Specifics for the number of executive summary copies and time of the exit will be determined by administrative staff.

### California Substance Abuse Treatment Facility and State Prison at Corcoran

October 26, 2009 - October 30, 2009

The findings in this Inmate Appeals Compliance Review resulted in an overall score of 95%. All areas are listed below with applicable notations.

It should be noted that staff interviewed were knowledgeable, familiar with the established departmental and institutional policies and procedures, relative to the appeals process: Susan Morelock, Office Technician, Tina Souza, Jackie Jasso Office Assistants, Lisa Zinani, Associate Government Program Analyst, Robert Hall, Correctional Counselor II Appeals Coordinator, and Richard Garcia Correctional Counselor II were able to locate documents needed for the Review and provided information in a timely manner. It was indeed a pleasure to work with the current Appeals Office staff.

The specific sections and their corresponding questions and scores are identified below.

Copies of the Inmate Appeals Worksheets are available upon request.

## A. ACCESS TO THE APPEALS PROCESS

### OBJECTIVE:

Determine the availability and access of the CDC Appeals Forms to the general population and special housing inmates. Determine if the Appeals Process is presented to the orientation inmates both in written and verbal form.

### SECTION METHODOLOGY:

*The Auditors will inspect the institution's law libraries and all housing units to ensure that the CDC Appeals Forms are easily available to the respective inmate population. Review the inmate orientation information to ascertain if it speaks to the Inmate Appeals process. Is the Appeals Process presented to the orientation inmates both in written and verbal form?*

- 1) **Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate?** [CCR 3084.1 (c)]

\_\_36\_\_ sample # \_\_35\_\_ # correct = \_\_97\_\_%

Question Rating: **38**

**Two law libraries did not contain the current DOM.**

- 2) **Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and any facility appeal supplement in each inmate law library?** [DOM Section 101120.11, 54100.3]

\_\_6\_\_ sample # \_\_4\_\_ # correct = \_\_67\_\_%

Question Rating: **7**

- 3) **Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures?** [CCR 3002(a)(2)]

Yes Question Rating: **20**

- 4) **Does the institution provide the orientation inmates verbal staff instruction regarding the inmate's right to appeal and appeal procedures?** [CCR 3002(a)(2)]

Yes Question Rating: **20**

- 5) **Does the Institution provide appropriate assistance necessary to ensure that inmates that have difficulty communicating in written English have access to the appeals process?** [CCR 3084.3(b)(3), DOM 54100.3]

Yes Question Rating: **10**

- 6) **\*\*Does the institution provide the CDC Form 602 in Spanish?**

Yes Question Rating: **0**

SECTION POINT TOTAL **95**

## Inmate Appeals Branch Audit Instrument

\*\* This question is for information gathering only.

### B. TRACKING AND FILING APPEALS

#### OBJECTIVE:

To ensure proper tracking and complete filing of appeals.

#### SECTION METHODOLOGY:

*The Auditors will interview all Appeals Staff to discuss their tracking system for all appeals including Modification orders. When reviewing the files, the auditors must look to ensure the appeals are copied on both sides and all supplemental documents are attached (i.e., second level response, first level response, RVR). The auditors will review the procedure for tracking overdue appeals. The auditors will make note of 10 appeals (preferably including first and second level responses) and pull those same central files to ensure the appeals have been filed in the central file.*

**1) Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels?**

[DOM Section 54100.9]

Yes Question Rating 15

**2) A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]**

\_\_\_100\_\_\_ sample # \_\_\_99\_\_\_ # correct = \_\_\_99\_\_\_% Question Rating: 20

**3) Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]**

\_\_\_134\_\_\_ sample # \_\_\_133\_\_\_ # correct = \_\_\_99\_\_\_% Question Rating: 20

**4) Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals? [CCR 3084.6, DOM 54100.12]**

Yes Question Rating 20



Inmate Appeals Branch Audit Instrument

5) **CDC Form 602.** After completing the first level review, the CDC Form 602, with the reviewer's decision, shall be returned to the appeals coordinator to be closed in IATS, a central file copy and appeals coordinator's copy made, and the original returned to the inmate. The central file copy shall be forwarded to the case records office for filing. This process shall be repeated at the second level review. Is this being done? [DOM 54100.26]

Yes Question Rating 10

6) **Review Central File:** The Auditors shall review 10 central files to ensure the appeals (institution level and Director's level) are being filed.

\_\_\_\_\_10\_\_\_sample #\_\_\_\_\_10\_\_\_\_\_# correct = \_\_\_100\_\_\_\_\_ % Question Rating: **15**

SECTION POINT TOTAL: **100**

**C. PREPARATION OF APPEALS****OBJECTIVE:**

To ensure the appeals are being prepared appropriately pursuant to regulation. The information for these questions is gathered from the worksheets and staff interviews.

**SECTION METHODOLOGY:**

*The Auditors will need to interview the Appeals Coordinator and Appeals Staff regarding their duties and responsibilities. The Auditors will need to inspect the overdue lists for first and second level appeals and the automated Inmate Appeals Tracking System (IATS). They will review the appeals for the inmate interview requirement, dates corresponding with the IATS, all dates and signatures on the Appeal, and the warden's review. The auditors will also review CDC 695 Forms (screen outs) and Notice of Delay forms.*

**1) Appeals Coordinator.** Each institution head shall designate an Appeals Coordinator, at a staff position level no less than Correctional Counselor II, who shall, prior to acceptance for review, screen and categorize each appeal originating in their area for compliance with these regulations, and shall coordinate the processing of appeals. Are these duties being performed by the Appeals Coordinator? [CCR 3084.3, DOM 54100.3].

Yes Question Rating 10

**2) Screening Appeals:** The appeals coordinator or a delegated staff member shall screen all appeals prior to acceptance and assignment for review. When it is determined that an appeal will not be accepted for review, an appeals screening CDC Form 695 shall be completed, attached to the CDC Form 602 and returned to the inmate or parolee. Clear instructions regarding further action the inmate must take to qualify the appeal for processing shall be provided. Is this procedure being completed? [CCR 3084.3, DOM 54100.8.1]

Yes Question Rating: 15

**3) Notification of delay.** If exceptional delay prevents completion of the review within specified time limits, is the appellant being informed in writing of the reasons for the delay and the estimated completion date? [CCR 3084.6(b)(6)]

Yes Question Rating: 10

**4) Are inmates interviewed at the first level of review or at second level if first level is waived?** [CCR 3084.5 (f) and DOM 54100.14]

\_\_\_100\_\_\_ sample # \_\_\_100\_\_\_ # correct = \_\_\_100\_\_\_ % Question Rating: 15

**5) Do the dates on the appeal correspond with the dates on the IATS?**  
[DOM Section 54100.9]

\_\_\_100\_\_\_ sample # \_\_\_50\_\_\_ # correct = \_\_\_50\_\_\_ % Question Rating: 5

Inmate Appeals Branch Audit Instrument

**6) A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)? [DOM Section 54100.3]**

\_\_\_\_100\_\_\_\_sample #\_\_\_\_73\_\_\_\_# correct = \_\_\_\_73\_\_\_\_%Question Rating: 7

**7) Is there evidence that appeal decisions are reviewed by the institution head or his/her designee? [CCR 3084.5(e)(1)]**

\_\_\_\_100\_\_\_\_sample #\_\_\_\_97\_\_\_\_# correct = \_\_\_\_97\_\_\_\_%Question Rating: 10

**8) Multiple Appeals on similar issue.** In cases where a number of inmates have, independently of each other, filed appeals regarding similar policies or institutional regulations at the same time, the original appellant and one or more of the inmates concerned shall be interviewed in order to clarify the issue, and a response given to the inmate who filed the initial appeal. Copies of the decision shall be sent to the other inmates who filed appeals simultaneously regarding the same issue, which shall constitute a completed appeal action. All such appeals shall be logged. The original inmate's name and prison number shall be removed from the appeal response given to the other inmates. Is the institution following this procedure? [CCR 3084.2(g), DOM 54100.10]

Yes Question Rating: 10

**9) Group Appeals.** Occasionally a group of inmates, usually living in one housing unit or participating in one program area, decide to appeal a specific issue which affects all group members (group appeals). One CDC Form 602 shall be accepted, with the name of the inmate who prepared the appeal entered on the top of the form. A list of inmate signatures, with facility numbers and unit numbers, shall then be attached. Sufficient interviews (one or more) shall be held to clarify the issue under appeal. At each level of review, a response shall be attached to the CDC Form 602 and returned to the initiator who shall then share the response with all inmates who signed the appeal attachment. This appeal shall be logged as one appeal. Is the institution following this procedure? [CCR 3084.2(f), DOM 54100.10.1]

Yes Question Rating: 10

SECTION POINT TOTAL 92

## D. TIMEFRAMES

### OBJECTIVE:

To ensure the appeals are being prepared within Department timeframes.

### SECTION METHODOLOGY:

*The Auditors will need to review the random samples of inmate appeals for time frames, appropriate responses, and proper processing at each level.*

- 1) Are appeals being assigned at each level within five working days of receipt in the Appeals Office?**

[DOM 54100.9]

\_\_\_\_\_100\_\_\_\_\_ sample # \_\_\_\_\_99\_\_\_\_\_ # correct = \_\_\_\_\_99\_\_\_\_\_ % Question Rating: **25**

- 2) Are informal appeals completed within ten working days?**

[CCR 3084.6 (b)(1)]

\_\_\_\_\_23\_\_\_\_\_ sample # \_\_\_\_\_22\_\_\_\_\_ # correct = \_\_\_\_\_96\_\_\_\_\_ % Question Rating: **24**

- 3) Are first-level responses completed within 30 working days?**

[CCR 3084.6 (b)(2)]

\_\_\_\_\_79\_\_\_\_\_ sample # \_\_\_\_\_77\_\_\_\_\_ # correct = \_\_\_\_\_97\_\_\_\_\_ % Question Rating: **24**

- 4) Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)? [CCR 3084.6 (b)(3)]**

\_\_\_\_\_49\_\_\_\_\_ sample # \_\_\_\_\_48\_\_\_\_\_ # correct = \_\_\_\_\_98\_\_\_\_\_ % Question Rating: **24**

SECTION POINT TOTAL **97**

## E. APPEAL RESPONSES

### OBJECTIVE:

To ensure the appeals are being responded to according to CCR and DOM. The information for these questions is gathered from the worksheets.

### SECTION METHODOLOGY:

*The Auditors will review 40 random category appeals and 15 ADA appeals to ensure the appeal issue is restated at each level and the reason for the decision is provided to the appellant.*

**1) Does the institution prepare a written response at the first level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

\_\_\_\_79\_\_\_\_ sample # \_\_\_\_77\_\_\_\_ # correct = \_\_\_\_97\_\_\_\_% Question Rating: **24**

**2) Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

\_\_\_\_79\_\_\_\_ sample # \_\_\_\_77\_\_\_\_ # correct = \_\_\_\_97\_\_\_\_% Question Rating: **24**

**3) Does the institution prepare a written response at the second level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

\_\_\_\_49\_\_\_\_ sample # \_\_\_\_48\_\_\_\_ # correct = \_\_\_\_98\_\_\_\_% Question Rating: **24**

**4) Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

\_\_\_\_49\_\_\_\_ sample # \_\_\_\_49\_\_\_\_ # correct = \_\_\_\_100\_\_\_\_% Question Rating: **25**

SECTION POINT TOTAL **97**

**F. SPECIALIZED PROCESSING OF APPEALS**

STAFF COMPLAINTS  
APPEAL RESTRICTION  
EMERGENCY APPEALS  
REPORTING TO HEADQUARTERS

**OBJECTIVE:**

To ensure that the statutory and regulatory provisions for the filing of staff complaints, CDC Form 1824s, and appeal restrictions are being met.

**SECTION METHODOLOGY:**

*Randomly inspect the above listed appeals and forms to ensure that they are processed and responded to accordingly.*

**STAFF COMPLAINTS**

**1) When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations; DOM 54100.25.2)**

Yes Question Rating: 10

**2) Is the institution keeping Staff Complaints for a period of five years? [DOM 54100.25.5 and Penal Code 832.5(b)]**

Yes Question Rating: 10

**3) If a Staff Complaint appeal is canceled or withdrawn, is a copy of the complaint forwarded to the hiring authority so that a determination is still made as to the need for an investigation?**

Yes Question Rating: 10

**4) Are all allegations of staff misconduct referred to the hiring authority for appropriate review? [AB 05/03]**

Yes Question Rating: 10

**5) Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 05/03]**

Yes Question Rating: 20

]

Inmate Appeals Branch Audit Instrument

*APPEAL RESTRICTION*

**7) Is there evidence of authorization from the Chief of the Inmate Appeals Branch (IAB) to place an inmate on restriction? [CCR 3084.4(3), (4)]**

Yes

Question Rating: **10**

*EMERGENCY APPEALS*

8) Informal/First Level Bypass. If emergency processing is warranted, the first level shall be waived and the second level shall be completed within five working days of receipt. Is this process being done? [CCR 3084.7(a)(2)(B), DOM 54100.17]

Yes

Question Rating: **10**

9) Are requests for Director's Level on Emergency Appeals being scanned or faxed to Chief, Inmate Appeals? [CCR 3084.7(a)(2)(C), DOM 54100.17]

Yes

Question Rating: **10**

*REPORTING:*

10) Has the hiring authority submitted a quarterly summation of the total number of staff complaints received, delineating the numbers by the levels of investigations to which they were referred?

Yes

Question Rating: **5**

11) Each Warden shall prepare an annual report between January 1 and January 15 of staff complaints against peace officers. This report shall be submitted to the Chief, Inmate Appeals Branch. [DOM 54100.25.6]

Yes

Question Rating: **5**

**SECTION POINT TOTAL 100**

**G. TRAINING/OFFICE STAFFING**

**OBJECTIVE:**

The focus of this area is Inmate Appeals training and inmates working in the Appeals Office.

**SECTION METHODOLOGY:**

Meet with In-Service Training (IST) staff to discuss their training schedule and review the Inmate Appeals Lesson Plan. Discuss the involvement of the Inmate Appeals Coordinator with IST. While in the Appeals Office, verify as to whether or not an inmate works in the office and what his/her duties are.

**SPECIFIC AREAS OF REVIEW:**

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]**

At the time of the audit there was no evidence that the appeals coordinator worked with the IST staff. Appeals Coordinator and the IST Training Staff are now working together as of October 29, 2009.

No Question Rating: **15**

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]**

Supervisor's Orientation Training is not provided for all supervisors. Specifically, 18 supervisors have not received the Inmate Appeal Process Orientation Training.

No Question Rating: **15**

- 3. Is there an updated Inmate Appeals lesson plan which identifies current Department policy? [DOM 32010.8.4, 54100.3]**

Yes Question Rating: **30**

- 4. If inmates work around the Appeals Office, are they prevented from having access to appeal information? [CCR Sections 3370(b) ]**

Yes Question Rating: **20**

**SECTION POINT TOTAL 80**



**H. OVERDUE APPEALS****OBJECTIVE:**

To track and count the overdue appeals.

**SECTION METHODOLOGY:**

*The Auditors will review the current overdue printout to count number of overdue appeals and deduct applicable points.*

- 1) **What is the number of overdue First Level appeals and by how many days late?**  
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Times # of appeals)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

Question Rating: 50  
Points deducted: 0  
Question Rating Total: 50

- 2) **What is the number of overdue Second Level appeals and by how many days late?**  
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Times # of appeals)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

Question Rating: 50  
Points deducted: 0  
Question Rating Total: 50

**APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):**

# of Days late	Number of Appeals	Pts	Point Deduction (Times # of appeals)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

# of Appeals: 0 Points Deducted: 0 **Score:**

**SECTION POINT TOTAL 100**

## Inmate Appeals Branch Audit Instrument

**ADDITIONAL AREAS OF REVIEW:** This portion of the audit tool has been added in September 2006. These areas of the institution will be reviewed for information gathering; however, scores will not be obtained.

### **1. Law Library access for SHU and ASU inmates:**

- a)** What is the process for allowing SHU and ASU inmates access to the law library?  
[CCR 3122, 3160, 3164, 3343(k)]

The inmates receive ducats upon request from staff in order to gain access to the law libraries.  
When on Modified Program inmates are permitted to use the paging system.

- b)** How often do these inmates have access to the law library?  
Inmates have daily access to the law library.

- c)** How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

Inmates with PLU have priority access to the law library.

## **Inmate Law Library CCR Sections**

**CCR 3122: Inmate Law Library:** (a) Each facility shall provide legal materials through its law library to provide inmates with meaningful access to the courts. Inmates with established court deadlines shall be given higher priority to access law library resources than those with longer deadlines or without a deadline.

(b) An inmate in a facility without a law library and requesting access to such resources shall be transferred to a facility with a law library of departmental choosing for the period of time needed to complete legal work.

**CCR 3160: Inmate Access to the Courts:** (a) Inmate access to courts shall not be obstructed. Staff shall assist illiterate inmates or those physically incapable of preparing forms adopted under rules of the United States courts and the Judicial Council of California for petitions for habeas corpus or modification of custody if such an inmate requests assistance. Staff shall not in any way retaliate against or discipline any inmate for initiating or maintaining a lawsuit.

### **CCR 3164: Administrative Segregation**

(a) Inmates confined in administrative segregation for any reasons will not be limited in their access to the courts.

(b) During a period of disciplinary detention, as described in Section 3330, legal resources may be limited to pencil and paper which will be provided upon request for correspondence with an attorney or the preparation of legal documents for the courts. Other legal material in the inmate's personal property may be issued to an inmate in disciplinary detention if litigation was in progress before the inmate's placement in disciplinary detention and legal due dates are imminent.

(c) Inmates who are housed in any restricted unit and who are not serving a period of disciplinary detention may possess and have access to any legal resource material available to the general population and may assist each other in their legal work to the extent compatible with institution security. For the purpose of this subsection, restricted units include reception centers, institution reception or orientation units, controlled housing and security housing units.

(d) If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available law library material to the inmate's quarters.

**CCR 3343: Conditions of Seg Housing:** (k) Institution Programs and Services. Inmates assigned to segregated housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance and recreation.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION  
BED UTILIZATION REVIEW

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
AND STATE PRISON

OCTOBER 19 THROUGH OCTOBER 30, 2009



CONDUCTED BY

CLASSIFICATION SERVICES

# **California Substance Abuse Treatment Facility at Corcoran**

**Week of 10/26/2009**

## **ADMINISTRATIVE SEGREGATION BED UTILIZATION REVIEW**

### **The California Substance Abuse Treatment Facility at Corcoran**

Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of **10/26/2009** by **E.C. Donnelly (Trainer), Classification Staff Representative, B. Castorena (Trainee), Classification Staff Representative**, assisted by **K. Walker, CCIII from Valley State Prison for Women, J. Benavidez, CCII from HQ GP III & IV Missions and D. Hudnall, CCII from California Medical Facility.**

The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and overcrowding in ASU.

Attached is a breakdown of types of cases by CDC numbers that were reviewed by the team.

### **SAMPLE IDENTIFICATION**

A total of **68** cases were reviewed, **22%** of the entire ASU population. Of these cases:

**59** were placed in Administrative Segregation based on a pending Disciplinary charge.

**8** were placed in Administrative Segregation based on a pending investigation of Safety concerns/needs.

**1** was placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation.

**Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? Yes**

**Comment:** Although there is not a requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

## **GENERAL ASU CASE PROCESSING TIMES**

### **Period from Initial Placement in ASU to CSR Review**

*California Code of Regulations (CCR) 3335(c)(1) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.*

**California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.**

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR Review ranged from **3** days to **14** days. Of the cases reviewed, **98** % met this expectation.

**It is the expectation that cases referred for ASU retention be presented to the CSR for review within 30 days of the Classification committee referral.**

Time from the initial ICC referral for CSR Review to the actual CSR review ranged from **15** days to **58** days. Of the cases reviewed, **82** % met this expectation.

**When an ASU case is reviewed by a Classification Staff Representative (CSR), the CSR will indicate a time period in which the case must be presented again to a CSR for further review. The expectation is that all cases should be presented back to a CSR prior to the expiration of the ASU extension approved.**

Of the cases reviewed, there are **11** cases currently retained in ASU beyond the CSR approved retention date. This calculates to **83** % compliance in this area.

There is **1** case that has been in ASU over 30 days that does not have ASU extension approvals at all. **(The expectation is there should be 0 cases in this category)**

Cooper, J-42151, in ASU since 7/16/2009 with no CSR review.

## **DISCIPLINARY CASES**

## Hearing Timelines

*Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.*

### RVRs heard without postponement

**16** cases were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from **19** days to **76** days.

### RVRs heard with postponement pending DA action

**40** cases were examined.

Time from the date of the completion of the DA action delaying the hearing to the date the RVR was heard ranged from **8** days to **54** days.

## Post-Hearing Processing Timelines

*Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.*

**0** RVRs were dismissed and **3** RVRs are still pending.

### Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from **2** day to **59** days.

Of the cases reviewed, **19** % met this expectation.

**(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 5 working days.)**

**Facility Captain to Chief Disciplinary Officer Review:**

Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from **1** day to **16** days.

Of the cases reviewed, **83** % met this expectation.

**(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 3 working days.)**

**Chief Disciplinary Officer to ICC review:**

Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 8 days to 59 days.

Of the cases reviewed, **13** % met this expectation.

**(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)**

**Parole Violator Cases referred to the Board of Prison Hearing (BPH) for review:**

None of the cases in the sample were referred to the Board for Revocation Extension.

**Incident Report Processing**

*Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.*

**Incident Date to ISU Receipt of Incident Report:**

Date from incident occurrence to the date ISU received the Incident Report ranged from **2** days to **155** days.

Of the cases reviewed, **10** % met this expectation.

**(Per the Deputy Director memorandum dated March 26, 2003 the complete package will be presented to ISU within 21 calendar days.)**

**ISU Receipt of Incident Report to Referral to DA/ISU Screenout:**



Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 1 days to **141** days. **(Per the Deputy Director memorandum dated March 26, 2003 the expectation is the time should not exceed 5 working days.)**

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from **0** days to **321** days. **(This is one area that the institution has no definitive control over, however, it is suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).**

**SAFETY CONCERNS**

*When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.*

There were **8** cases reviewed that were placed in Administrative Segregation based on the need for investigation of safety concerns.

**Investigation initiation to Completion:**

Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from **0** days to **18** days.

Of the cases reviewed, **100** % met this expectation.

**(Per the Deputy Director memorandum dated March 26, 2003 the expectation is this time should not exceed 30 calendar days)**

Investigation Completion to ICC Review:

Time from conclusion of the investigation to ICC review of investigation results ranged from **8** day to **63** days.

Of the cases reviewed, **12** % met this expectation.

**(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)**

### **GANG INVESTIGATION/VALIDATION/DEBRIEFING**

*When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Office of Correctional Safety (OCS) formerly known as Law Enforcement Liaison Unit (LEIU) and the time to review and conclude the issue by ICC and CSR.*

There was **1** case reviewed that was place in Administrative Segregation based on Gang Investigation/Validation/Debriefing.

#### **ASU Placement to Referral to IGI for Investigation:**

Days from ASU placement to IGI investigation assignment being received by IGI was **32** days.

#### **Initiation of IGI investigation to Conclusion of Investigation:**

Days from IGI investigation assignment to receipt of completed investigation was **34** days

#### **Conclusion of Investigation to ICC Review:**

Days from completion of Investigation to ICC review **2** days.

Of the cases reviewed, **100** % met this expectation.

**(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)**

### **NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER**

Documentation presented by Records staff indicates that there are **299** inmates in ASU, out of that, **48** cases are currently endorsed and awaiting transfer that are housed in ASU. These cases have been endorsed for transfer for **2 days** to **182** days.

### **GENERAL OBSERVATIONS**

It was found during the audit that there is a time consuming and cumbersome process that takes place prior to the ISU receiving the completed incident report that is necessary for the referrals to the District Attorney.

No other issues were detected during the audit not already mention in this report.

CSATF staff was most helpful and cooperative in supplying information, documents and central files related to this audit. Their assistance was greatly appreciated.

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenshot or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
F10197	10	28	12/28/09	0	6/21/09	Battery on a Inmate with Weapon	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	128	Pending RVR/DA
H01051	9	35	11/22/09	0	12/9/08	Battery on a Inmate	Yes	143	59	7	59	114	0	N/A	Reject	322	ISU Screen out.While in ASU "S" received an additional RVR for Poss. Of a Wpn.
F18383	6	22	1/14/10	0	6/11/09	Battery on a non-Inmate	Yes	UNK	N/A	N/A	N/A	63	UNK	UNK	UNK	138	Pending RVR/DA
F25950	9	28	12/28/09	0	6/22/09	Poss. of a Weapon	Yes	UNK	N/A	N/A	N/A	91	0	35	Accept	127	Pending RVR/DA
D67790	8	29	12/16/09	0	6/24/09	Battery on a Peace Officer w/Weapon	Yes	UNK	N/A	N/A	N/A	103	1	0	Reject	125	Pending RVR, ISU screen out.
V68050	9	28	9/21/09	36	6/21/09	Participatio n in a Riot	No	24	27	1	21	N/A	N/A	N/A	N/A	127	Pending New CDC 114D, Previous CSR ext, expired on 8/30/09 with sub ICC on 9/2/2009.
V09875	7	21	11/4/09	0	3/19/09	Possession of a Weapon	Yes	98	12	2	42	55	0	27	Reject	222	SHU term approved with MERD of 11/4/2009.
H44094	8	28	11/30/09	0	7/15/09	Willfully Delaying a Peace Officer( Refusing a Cellie)	No	19	38	4	17	N/A	N/A	N/A	N/A	104	Pending SHU audit.
C45451	8	29	10/11/09	16	8/2/09	Battery on an Inmate with a Weapon	No	UNK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83	Photo copy of RVR located in file with a reduced charge of fighting.Pending adjudication.
V67897	4	29	11/3/09	0	6/6/09	Conspiracy to commit Drug Distribution	No	76	21	4	29	2	0	3	Accept	143	Found Guilty, Pend CSR review for SHU audit.
V58689	7	23	2/19/10	0	6/3/09	Threatening Staff	No	35	6	2	28	N/A	N/A	N/A	N/A	146	Found Guilty, Pend transfer

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screnout or Reeferral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
F35808	7	28	1/13/10	0	6/6/09	Willfully Delaying a Peace Officer( Refusing a Cellie)	No	37	31	1	34	N/A	N/A	N/A	N/A	152	Found Guilty, Pend transfer
J82410	7	22	1/21/10	0	6/23/09	Drug Distribution	Yes	UNK	N/A	N/A	N/A	108	UNK	UNK	UNK	125	Pending DA referral
T59585	11	30	9/13/09	44	7/4/09	Attempted Escape w/force	Yes	74	12	1	8	58	0	1	Reject	115	Found Guilty, Pend CSR review for SHU audit.
T67680	9	16	11/6/09	0	6/21/09	Participatio n in a Riot	No	23	14	2	34	N/A	N/A	N/A	N/A	128	Found guilty, Assessed SHU term with MERD of 11/6/09 approved by CSR
F32939	9	22	11/23/09	0	2/17/09	Battery on an Inmate.	No	UNK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	252	Pending Adjudication Process
T60754	10	29	1/25/10	0	6/21/09	Attempted Murder	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	128	S originally charged with Attempted Murder, on 7/21/09 new 114D issued for Battery on a Inmate w/weapon. ISU has not rec. Inc. rpt.
F47769	10	28	12/28/09	0	6/21/09	Battery on a Inmate w/Weapon	Unknown	UNK	N/A	N/A	N/A	UNK	0	0	0	128	Nothing in the file indicating case was referred to DA.
F21859	10	28	12/29/09	0	6/21/09	Battery on a I/M w/Wpn	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	128	No Incident #, No Indication case was referred to DA.
T97231	4	20	11/25/09	0	5/10/09	Battery on a Peace Officer	Yes	UNK	12	1	35	68	N/A	67	Reject	170	Nothing in the file indicating case was referred to DA.I/M postponed then rescinded Postponement.
T48258	5	22	10/14/09	13	7/11/09	Willfully Delaying a Peace Officer( Refusing a Cellie)	No	12	11	10	UNK	N/A	N/A	N/A	N/A	108	Pending ICC after CDO review.
D16748	7	21	11/3/09	0	4/30/09	Indecent Exposure	Yes	104	14	5	UNK	61	0	15	Reject	180	Pending ICC after CDO review.

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenout or Reeferral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
P13754	5	23	9/8/09	50	6/5/09	Battery on Inmate	No	28	4	1	50	N/A	N/A	N/A	N/A	145	Pending CSR review for SHU audit & transfer. Missing 128G's dtd 8/27/09 & 10/8/09.
T79775	10	30	11/6/09	0	6/21/09	Participatio n in a Riot	No	40	3	3	27	N/A	N/A	N/A	N/A	129	SHU term approved with MERD of 11/6/2009.
F16822	10	21	10/23/09	5	6/21/09	Participatio n in a Riot	No	70	12	4	8	N/A	N/A	N/A	N/A	129	Pending ICC after CDO review.
F00379	10	28	11/6/09	0	6/21/09	Participatio n in a Riot	No	40	3	3	27	N/A	N/A	N/A	N/A	129	SHU approved, Retain ASU MERD too short.
F57315	10	21	11/6/09	0	6/21/09	Participatio n in a Riot	No	23	14	2	34	N/A	N/A	N/A	N/A	129	SHU term approved with MERD of 11/6/09. Transfer to SHU
K32226	9	23	12/7/09	0	6/1/09	Attempted Murder	Yes	UNK	N/A	N/A	N/A	24	7	33	Accept	149	Pending Court Action
P58083	7	22	12/7/09	0	6/5/09	Battery on an Inmate with a Weapon	Yes	UNK	N/A	N/A	N/A	145	UNK	UNK	UNK	147	Pending DA referral
K75754	9	22	11/17/09	0	5/12/09	Possession of a Weapon	Yes	UNK	N/A	N/A	N/A	101	UNK	Pending	UNK	169	Pending DA Decision
T60754	10	29	12/28/09	0	6/21/09	Attempted Murder	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	129	ISU has not received Inc.Rpt.
T72981	8	22	11/25/09	0	3/11/09	Battery on I/M w/SBI	Yes	UNK	N/A	N/A	N/A	79	76	Pending	UNK	231	Pending DA referral
J10117	5	22	12/7/09	0	6/5/09	Possession of a Weapon	Yes	UNK	N/A	N/A	N/A	34	1	N/A	Reject	145	Pending Adjudication Process
V97005	5	23	2/19/10	0	6/5/09	Possession of a Weapon	Yes	91	6	7	14	34	1	N/A	N/A	145	ISU screen out. SHU term approved with MERD of 5/13/2010.Pending Transfer to SHU
D69619	10	21	1/12/10	0	7/6/09	Possession of a Weapon	Yes	UNK	N/A	N/A	N/A	77	16	UNK	UNK	114	Pending DA Decision
P64019	9	27	11/17/09	0	5/12/09	Battery on a non-Inmate	Yes	UNK	N/A	N/A	N/A	58	35	48	Accept	169	Pending Court Action

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenshot or Referral	Days from referral to DA Accept/Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
D85822	8	22	1/11/10	0	7/15/09	Battery on an I/M w/SBI	Yes	30	25	-11	UNK	22	0	N/A	Reject	141	Pending ICC after CDO review.
V74922	10	21	1/22/10	0	6/21/09	Participatio n in a Riot	No	25	8	13	27	N/A	N/A	N/A	N/A	129	SHU approved, Retain ASU MERD too short. New 114D issued at pre-MERD.
F56207	10	23	1/18/10	0	6/21/09	Battery on I/M w/Wpn	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	129	ISU has not received Inc.Rpt.
F57731	9	9	12/27/09	0	6/21/09	Battery on I/M w/Wpn	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	129	ISU has not received Inc.Rpt.
V48113	6	51	1/18/10	0	6/21/09	Attempted Murder	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	126	ISU has not received Inc.Rpt.
E29417	9	16	12/27/09	0	6/21/09	Battery on I/M w/Wpn	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	129	ISU has not received Inc.Rpt.
P36748	10	22	1/18/10	0	6/21/09	Attempted Murder	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	129	ISU has not received Inc.Rpt.
T72981	8	22	11/25/09	0	3/11/09	Battery on I/M w/SBI	Yes	UNK	N/A	N/A	N/A	79	76	Pending	UNK	231	Pending DA Decision
T22238	8	22	1/5/10	0	7/1/09	Battery on a Peace Officer	Yes	UNK	N/A	N/A	N/A	UNK	UNK	57	Reject	119	ISU screen out, No date received by ISU. Pending Adjudication Process
F77440	7	43	10/25/09	3	12/11/08	Battery on I/M w/Wpn	Yes	UNK	N/A	N/A	N/A	96	0	UNK	UNK	321	Pending DA Decision
T74140	4	20	2/1/10	0	7/5/09	Drug Distribution	Yes	UNK	N/A	N/A	N/A	UNK	UNK	UNK	UNK	115	ISU has not received Inc.Rpt.
P17440	9	21	11/2/09	0	9/2/08	Battery on I/M w/Wpn	Yes	362	11	5	29	48	0	294	Accept	421	Found Guilty, Pend CSR review for SHU audit, missing CDC 128G dated 10/14/09.
T33526	10	21	11/6/09	0	6/21/09	Participatio n in a Riot	No	32	15	5	21	N/A	N/A	N/A	N/A	129	Found Guilty, Pending transfer to SHU
E43835	8	58	10/27/09	1	12/9/08	Possession of a Weapon	No	117	2	0	23	N/A	N/A	N/A	N/A	316	Initially Postponed, then revoked on 2/28/09. Found Guilty, Rec'vd additional RVR for Threat to Public Official, then SNY concerns.
T78366	9	22	11/24/09	0	9/2/08	Battery on an Inmate with a Weapon	Yes	363	24	N/A	20	48	0	262	Accept	421	Found Guilty, Pend CSR review for SHU audit, missing CDC 128G dated 10/14/09

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screnout or Reeferral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placment	Comments
F23518	7	16	12/27/09	0	6/24/09	Possession of a Weapon	Yes	UNK	N/A	N/A	N/A	50	0	48	Accept	127	Found guilty in Court, Pending Adjudication Process
V17813	5	22	1/8/2010	0	12/11/08	Solicitation of Murder	Yes	267	UNK	UNK	UNK	96	141	UNK	UNK	320	Pending DA Decision





## SAFETY

[illegible]

# GANG

[illegible]

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

RADIO  
COMMUNICATIONS

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
AND STATE PRISON

OCTOBER 19 THROUGH OCTOBER 30, 2009



CONDUCTED BY

# TELECOMMUNICATIONS

# Memorandum

Date : November 5, 2009

To : Ken Clark, Warden  
California Substance Abuse Treatment Facility

Subject: **RADIO COMMUNICATIONS SECURITY COMPLIANCE REVIEW – CALIFORNIA  
SUBSTANCE ABUSE TREATMENT FACILITY**

## Introduction

A Radio Communications Security Compliance Review (Peer Review) of the radio communication operations at the California Substance Abuse Treatment Facility (SATF) was conducted by the Office of Audits and Compliance (OAC), Peer Review Branch and the Radio Communications Unit (RCU), between the dates of October 26 and 27, 2009. The review team utilized the California Penal Code, California Code of Regulations, Title 15, California Department of Corrections and Rehabilitation's Department Operations Manual, State Administrative Manual and Administrative Bulletin 90/35 as the primary sources of operational standards.

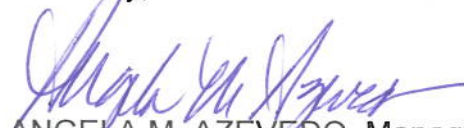
The Peer Review was conducted by Greg Munoz, Project Manager, Enterprise Information Services, RCU (the Reviewer). The Peer Review consisted of an on-site inspection, interviews with staff, review of procedures, and observation of institutional operations.

The purpose of the Peer Review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to public safety radio communications. Each area was reviewed with staff and any problems were reviewed or solved with the SATF Radio Liaison.

Overall, the findings presented in the attached report represent the consensus. The Reviewer would like to compliment the Radio Liaison, Sergeant J. Alcala and Officers S. Hernandez and J. Jones at SATF for their organizational skills and professional it made this review an overall success.

Should you have any questions regarding the findings and/or recommendations to this Radio Communications Peer Review, please contact the undersigned at 916/255-2163.

Sincerely,



ANGELA M. AZEVEDO, Manager  
Radio Communications Unit

cc: Dorothy Smith, Office of Audits and Compliance  
Greg Munoz, Project Manager

## **RADIO COMMUNICATIONS SECURITY COMPLIANCE REVIEW CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY**

### **REVIEW SCOPE AND METHODOLOGY**

The OAC and the RCU conducted an on-site review at SATF during the period of October 26-30, 2009. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of SATF's compliance by OAC.

The scope and methodology of this review was based upon written review procedures developed by the OAC and provided to SATF's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. Throughout the tour, on-duty custody staff were interviewed regarding current practices, all staff was polite and professional when asked these questions.

A random sample of radios were reviewed, checking the radio to the Post Assignment Schedule and the Office of the Chief Information Officer, Public Safety Radio Communications Division's (formerly Department of General Services – Telecommunications Division) 'S' number, and radio serial number. Utilizing the inventory to prove the proper radio location, SATF was at 100% on radio placement.

The Primary Emergency Operations Center's control station located in the communications center was working properly.

Recommendations are to continue normal practices as SATF has no issues with usage of the 800MHz Trunked Radio System and all SATF staff is following all required Public Safety Standards.



Radio Communication Compliance Review  
California Substance Abuse Treatment Facility (SATF)  
Exit Conference Discussion Notes

October 2009

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communications Security Compliance Review of SATF the week of October 26 & 27, 2009. The review covered 28 different areas which SATF was compliant in 20 areas, partially compliant in 1, and 7 areas were not applicable. The chart below details these outcomes. Observations noted below.

FINDINGS SUMMARY:

		Compliant	Partial Compliance	Non Compliant	Not Applicable
1	Radio Liaison Identified?	X			
2	Inventory System in Place?	X			
3	All Radios Accounted for?	X			
4	Radio Matrix in place?	X			
5	Repair Procedure?	X			
6	Repair Tracking?	X			
7	Battery Management in Place?	X			
8	Proper usage of Battery Management?	X			
9	Inmate Access to Radios?	X			
10	Radio Vault Secured?*	X			
11	Intrusion Alarm on Radio Vault?				X
12	Authorization to Enter Vault?				X
13	Key to Vault Secured?				X
14	Vault key Access for DGS-TD Tech?				X
15	System Watch/SIDR Operational & Computer Secured?				X
16	Procedure to Operate System Watch/SIDR?				X
17	Staff to Operate System Watch/SIDR identified?	X			
18	System Watch/SIDR Training?	X			
19	Chit System in Place for Radios?		X		
20	Other Radios on Grounds?	X			
21	Scanners on Grounds?	X			
22	Who do you contact for System Malfunction?	X			
23	Steps taken when System Fails?	X			
24	Staff have Knowledge on Radio Fail-Soft?	X			
25	Staff have Knowledge of RCU Staff?	X			
26	Off Grounds Communication / Fire Department.	X			
27	Working CLERS System?	x			
28	Working CMARS System?				X
Total		20	1	0	7

\*Vault is Located at COR, RCU will accept this as being compliant.



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

CASE RECORDS

CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND  
STATE PRISON

OCTOBER 19 THROUGH OCTOBER 30, 2009



CONDUCTED BY

CASE RECORDS ADMINISTRATION



## **CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AT CORCORAN STATE PRISON**

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Jocelyn Ortiz, Correctional Case Records Manager, Avenal State Prison, and Diane Ramback, Correctional Case Records Supervisor, Sierra Conservation Center to conduct a compliance review October 26-30, 2009, of specific areas within the California Substance Abuse Treatment Facility (SATF) State Prison records office.

Administrative staff and the Correctional Case Records Manager were aware of this review in advance and all staff was cooperative and assisted with providing information to the review team when requested.

The two primary areas reviewed were:

1. Holds, Warrants and Detainers (HWD)
2. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

This review consisted of sixty three (63) Central Files of recently paroled inmates and an additional fifty five (55) Central Files for HWD purposes for a total of one hundred and eighteen (118) Central Files reviewed.

### **HOLDS, WARRANTS AND DETAINERS (HWD)**

*Reference: DOM Section 72040.5 & 72040.5.1 & 72040.5.3 & CR 97/04*

*"The HWD system ensures that information regarding any specific or potential detainer is recorded and called to staff attention within four hours of receipt to determine what effect, if any, the hold might have on an inmate's custody."*

*"The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log."*

*"The HWD Coordinator's initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit."*

*"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer..."*

**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AT CORCORAN  
STATE PRISON**

*“Release Prior to Parole. It is imperative that when an inmate is released prior to their parole date, pursuant to Penal Code Section 4755, that a CDC Form 801, Detainer, accompanies the inmate to ensure that he/she remains in custody until his/her actual parole date.”*

*Reference: DOM Section 72040.9 & CR 99/23*  
*“When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted”.*

*Reference: DOM Section 72040.5.3*  
*“Notify inmate in writing that a detainer has been received and recorded using a CDC Form 661, Detainer Memorandum. A copy of the detainer shall be provided to the inmate and they shall be advised what action may be taken to request disposition of the detainer”.*

*Reference: DOM Section 72040.6.1 & 72040.6.2 & CR 95/01 & CR 02/06*  
*“If the detainer is from a California agency for untried charges, the inmate may request disposition of pending charges by filing a CDC Form 643, Demand for Trial in accordance with the provisions of PC 1381”.*

*“Case records staff shall mail the CDC Form 643 to the DA by certified mail, return receipt requested”.*

*“PC 1381 stipulates a person must be brought to trial within 90 days after written notification of the place of confinement. The 90-day period starts the day the DA acknowledges receipt of the CDC Form 643”.*

*“If the inmate is not brought to trial at the conclusion of the 90-day period, case records staff shall prepare:*

*A CDC Form 668, Affidavit in Support of Motion to Dismiss Pending Charges.*

*A CDC Form 669, Motion to Dismiss Criminal Charges Pending.*

*A CDC Form 670, Order of Dismissal.*

*A CDC Form 1006, Cover Memo - Motion to Dismiss.*

*All of these forms shall be forwarded to the court having jurisdiction of the Matter”*

Desk Procedures for the HWD clerical staff were reviewed, and staff was interviewed. Staff was knowledgeable on all procedures and processes except the requirement for the Letter of Inquiry (LOI) to be sent out within two (2) working days after being initiated. This is addressed in the desk procedure.

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*Inquiries regarding potential holds are to be sent to law enforcement agencies within two (2) working days of receipt of the CDC Form 850, and Telephonic follow-up should be used at the 10-day audit.*

Of the fifty five (55) cases reviewed there were issues noted in twenty one (21) of the cases. As the discrepancies are consistent, it appears training and guidance is needed to the appropriate staff.

The lack of documentation on the CDC Form 850 to indicate when the LOI was initiated is not being put on the CDC Form 850; therefore the audit team is unable to determine compliance in this area. Also, it appears the majority of inquiries are being done telephonically regardless of the parole date.

Dom Section 72040.5, states...*“The HWD system ensures that information regarding any specific or potential detainer is recorded and called to staff attention within four hours of receipt to determine what effect, if any, the hold might have on an inmate’s custody.*

Of the fifty five (55) cases reviewed there were three (3) cases found not in compliance. See below for specifics:

Inmate Hart F68181 – The box for notating the date, time and initialed for entry into ARDTS was not completed.

Inmate Riesgo G47776 – The audit team was unable to determine that the warrant had been given to the HWD Evaluator within the four (4) hour time frame.

Inmate Gonzales G23990 – The Evaluator Section of the CDC Form 850 was not completed, not signed, dated, time, or the name of the evaluator filled out. Based on this the team was unable to determine that the four (4) hour time frame was met.

During the review the audit team observed a case on inmate G41734 Evans, where there were two (2) Warrants placed from the same county documented on the same CDC Form 850. Policy dictates that a separate CDC Form 850 will be completed for each Warrant.

*“When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted”.*

Of the fifty five (55) cases reviewed there was one (1) case that the time server warrant had expired however had not been deleted from the Offender Based Information System (OBIS) or Automated Release Date Tracking System (ARDTS) in a timely manner.

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V98038 Wilson – Time Server expired on 04-08-09, however was not dropped until 10-12-09, and is still reflected in ARDTS..

*“When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted”.*

A listing from the Automated Release Date Tracking System (ARDTS) was requested upon arrival at the Records Office. Of that listing a random review was conducted of one hundred twenty eight (128) entries. There were numerous entries discovered in ARDTS with hold information entered, however this information was not in OBIS. There appears to be a disconnect in that when the Case Records Analyst are performing their audits they are not reviewing information in ARDTS and verifying the information with OBIS.

Also some of the warrant #'s and names in ARDTS did not match those in OBIS.

Of those entries reviewed there were thirty seven (37) that were reflected in ARDTS; however there was not any warrant information in OBIS. This list will be provided to the Case Records Manager and Supervisor for their review and appropriate action. After further research, it was determined that the information entered into ARDTS was based on;

- Removal Orders
- Request for Child Custody Notification
- Cases the inmate had already paroled on
- Letters of Inquiries (LOI)
- Writs of Habeas Corpus
- In Re Thompson
- A booking number from the arrest report
- One (1) case where the Hold had been placed in error, and was the instant offense, has not been removed from ARDTS

There was one (1) entry reflecting the inmate had a potential ICE/USINS hold, however OBIS reflects an Actual Warrant was placed.

There were five (5) entries where the Warrant # did not match the Warrant # in OBIS.

There was one entry where the name in ARDTS was misspelled and does not match OBIS.

There was one (1) entry where it is blank in the HWD section; however there was an actual hold in OBIS. Also there was another entry where the HWD Section only reflects US Marshall without the Warrant #, and there is a Warrant # in

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OBIS. In another entry it is reflected in the HWD Section San Joaquin Co without a Warrant #, and there isn't anything entered in OBIS.

This list will be provided to the Case Records Manager and Supervisor for their review and action as appropriate.

### **General Findings**

In the Holds, Warrants and Detainer portion of the audit, 19 components were reviewed. There were four (4) areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Holds are not being dropped or entered in the KCHD system pursuant to Departmental Policy.
- Warrant information not accurately reflected in ARDTS and OBIS.
- Provide training to appropriate staff to ensure the CDC Form 850 is being properly filled out to include, but not limited to, the date of initiation, date and time of hold placed, as well as the Evaluator Section completed.
- Ensure the time server tracking system is being monitored to ensure time server warrants that have expired are removed from the computerized system in the appropriate time frames.

### **Recommendations:**

- Provide training for the staff responsible for entering and removing warrant information into the KCHD and ARDTS systems.
- Provide training for the appropriate staff that is responsible for sending out the Letter of Inquiry and documenting information on the CDC 850. Ensure this process is reflected in the desk procedure.
- Ensure documented training is provided to **all** staff who are responsible for filling out and/or completing the CDC Form 850.

### **WARDEN'S CHECKOUT ORDER (CDC 161)**

*Reference: DOM Section 73010.6.1*

*"... The commitment name shall be recorded as reflected on the original Abstract of Judgment /Minute Order by which the inmate was delivered to the custody of the Department."*

*Reference: DOM Section 74070.3*

*"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."*

*"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."*

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*Reference: DOM Section 74070.21*

*"The following data shall be typed on the CDC Form 161:*

- Date of Release*
- Time of Release*
- Type of Release*
- CDC number*
- Commitment name*
- Controlling Discharge Date*
- Name of parole unit and county of residence*
- Parole Region*
- Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

*"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS".*

*Reference: Instructional Memorandum (CR 01/14)*

*"...The CDC Form 161, Warden's Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement..."*

*"...the Warden's Checkout Order must include a notation above the Case Records staff's signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable."*

*Reference: Instructional Memorandum (CR 99/69)*

*"... Early/Late Release Reports should be prepared at the time of discovery and forwarded to Case Records, central office within a few days".*

The Early/Late Release Report is promptly submitted to Case Records Services. In reviewing the early/late releases with the Case Records Manager, there were none to report.

Desk Procedures for the parole desk clerical staff were reviewed. The desk procedures are well written. There was only one (1) procedure found which needs to be updated and that has already been completed.

Central files were reviewed for inmates/parolees who were released from the California Substance Abuse Facility (SATF) during the preceding two (2) weeks of this review.



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There were sixty three (63) Central Files reviewed. Of those Files reviewed there were discrepancies noted in eight (8) of the cases. Those discrepancies are noted below with specifics.

There were two (2) cases reviewed where there were errors found on the CDC 161 Wardens Checkout Order. Those errors are listed below with specifics:

F35892 Brewster – The CDC 161 Wardens Checkout Order reflected the Parole Unit as So-Central 5, however, according to the Release Program Study (CDC 611), the correct Parole Unit is So-Central 2. This information was also entered into OBIS incorrectly.

T83771 Cooksey - The CDC 161 Wardens Checkout Order reflected the Parole Unit as So-Central 4, however, according to the CDC 611, the correct Parole Unit is So-Central 5. This information was also entered into OBIS incorrectly.

There were three (3) cases reviewed where there were errors found in the entries into the Offender Based Information System (OBIS). Those discrepancies are listed below with specifics:

H85601 Lewis – The Controlling Discharge Date (CDD) was entered into OBIS as 01-15-2012. The inmate paroled on 10-15-2009, with a three (3) year parole period, which would make the CDD 10-15-2012. The CDC 161 Wardens Checkout Order reflected the correct CDD.

G43799 McLaughlin – OBIS reflects this inmate was released pursuant to Penal Code (PC) Section 3060.7 with the actual parole date as 01-16-2009. This inmates actual parole date was 10-16-2009.

F74742 Arnold – OBIS reflects this inmates Parole Unit as SFV4. The correct Parole unit is SFV3. The Parole Unit reflected on the CDC 161 was correct.

There were two (2) case reviewed where there were errors found on the postings to the Chronological History (CDC 112). Those discrepancies are listed below with specifics:

F24371 Day – This inmate required a notice pursuant to PC 3058.9. This information was not posted on the CDC 112 or noted on the Audit Checksheet. It was however correctly noted on the CDC 161.

G51646 Cahoon – This inmate was paroled to a hold from Orange County. The CDC 112 did not reflect this inmate paroled to Orange County Sheriffs Office. It was noted correctly on the CDC 161.

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In one (1) case that was reviewed, a Release Program Study (CDC 611) was found in the file that belonged to a different inmate. The discrepancy is listed below:

F30682 Stewart – While reviewing this inmate's Central File, a CDC 611 for inmate Cook F15884 was discovered.

### **General Findings:**

There were sixty three (63) Central Files reviewed and of the three (3) components reviewed two (2) were found not to be in Compliance.

### **Recommendations:**

- On the job training should be provided and documented for the Correctional Case Records Analyst, Correctional Case Records Supervisor, or any of the staff responsible for reviewing and signing off the CDC 161 Warden's Checkout Order's.
- Provide documented training to those staff that is responsible for entering moves into OBIS, which include but not limited to parole moves.
- Periodic review by supervising staff for those staff that is responsible for data entry into OBIS, documentation of the CDC 112, and overall care of the Central File.

### **STAFF VACANCIES**

The vacancies are reported as follows:

Five (5) Case Records Technician vacancies – interviews for these positions were conducted this week and the hiring packages are being submitted.